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MARCH, 1874.

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NEW YORK, 1874.

*Business communications* addressed to C. H. NEILSON, 128 BROADWAY, N. Y.

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THE

# New York Journal of Homœopathy.

Vol. II.

MARCH, 1874.

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## ORIGINAL ARTICLES.

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AN ADDRESS DELIVERED BEFORE THE HOMŒOPATHIC  
MEDICAL SOCIETY OF THE STATE OF NEW YORK, AT  
THE ANNUAL MEETING HELD IN ALBANY, FEBRUARY  
10 AND 11, 1874.

By T. F. ALLEN, M. D.

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MR. PRESIDENT AND MEMBERS OF THE HOM. MED. SOC. OF THE STATE OF NEW YORK, LADIES AND GENTLEMEN: When the invitation to address you to-night was accepted, it was understood that a purely popular theme need not of necessity be chosen as the subject. Our therapeutic principles have, in the past, needed the public exposition and defence that have been so often and so ably accorded them, and since their truth has been so thoroughly demonstrated by their successful application, it seems fitting that at this time, on the occasion of an assemblage of scientific physicians for the interchange of thought, your attention should be directed to the needs of our science and to its progress and development.

Before asking your attention to the bearing of some points of recent discovery upon our knowledge of the action of drugs upon the human system, I desire to make some general explanatory remarks concerning Medical Art in general, in order that the subject may become understood and made as interesting as possible to a largely popular audience.

Medical Art depends upon diverse and independent sciences. Chemistry must be well understood. Biology lies at the chief corner of the foundation of the medical superstructure, since it treats of the form and function of living organisms. You will, however, readily understand that a life may be devoted to the study of Chemistry and Biology without ever attaining to Medical art. One may understand the location, form, minute structure and most elaborate function, as well as chemical composition of every fibre and particle in the human body, and yet never think of the diseases that might affect such fibres or particles.

Still more, all one's energies may be devoted to the study and investigation of the *causes* and *conditions* of *disease*, one may study the peculiar character of all the

diseases that ever afflict the organism, may arrange and classify them, may compare and differentiate them; to do this, it is true that he must well understand the sciences of Chemistry and Biology; still, such an one may never attain to the Medical art. It may never occur to such a one that there is any remedy for a disease, or that remedial agents ever *exist*. You understand that this *may* happen, that a man may be pre-eminent in his power to diagnosticate a malady, and to predict its unchecked career—in short, to tell exactly what is and how long will be the matter with a patient, and yet be totally unable to prescribe a remedy that will arrest or ameliorate its progress.

Again, it is well known that the natural world about us is provided with a most lavish supply of noxious substances which can be used for the relief or cure of disease. To discover and obtain such noxious substances (drugs) may be the chief, indeed the sole purpose of one's whole life. Have you ever considered the knowledge and time required to discover the properties of these drugs? The time has now forever passed away when any scientific physician will rely upon the scanty and uncertain information concerning the action of drugs, obtained by observing the course of a disease subsequent to the administration of such drugs for its possible relief. The science of Therapeutics rests upon a far more certain and enduring foundation than the shifting quicksands of *disease*. It is based upon positive and certain information concerning drug action, obtained by experiments upon the healthy animal, *brute*, and *human*, organization. You will, I am sure, readily perceive that the time needed to obtain even fragments of knowledge of this positive and sure character must be great. You will understand that, given a thorough fundamental knowledge of Chemistry and Biology, a life may be devoted to the investigation of the changes produced in the animal organization by various drugs. An individual devoting his life to this work may never, *need* never, read of disease nor form any plan of therapeutics, whereby he might apply such knowledge for the cure of the sick.

Here, then, we have the fragments, the *membra disiecta*, of the physician's art. What then is needed to elevate this art to a science? You at once answer, "*Law*, the law that binds, that applies, that governs; the law by which the knowledge of drugs may be applied for the cure of disease—the grand law of Therapeutics." I do not propose to detain you by any words of mine on this point; it has already been most brilliantly and forcibly presented to the public in Dr. Dunham's little work, "*Homœopathy, the Science of Therapeutics*." I would have you notice, however, in this connection that recently in New York, at a gathering of medical men, Pres. Barnard, of Columbia College, in the course of an address, assured them that there must be from the very nature of things *a law* in medicine; and thus was then and there erected *an altar to the unknown*.

From what I have said concerning the possibility of study and research being devoted to a portion of medical knowledge without regard to therapeutics, you will readily understand that, according to varying tastes, physicians have devoted themselves more or less exclusively to certain fields of research—as for example, one talented man may be very proficient in the history and nature of disease; he may be a fine pathologist, an accurate diagnostician, and yet know so little of the properties of drugs that he may rarely be able to properly apply them for the cure of his patients. It is by no means generally supposed that a physician may thoroughly understand what is the matter with a patient and yet be totally unable to cure him even when curable. But such is the fact. On the other hand,

one may be an enthusiast in the study of the *Materia Medica*, may understand, so far as physiology will allow, the physiological action of drugs on tissues and organs; may learn and treasure up all the remote symptoms experienced, and yet may fail in prescribing because he does not understand his patient, because he does not properly appreciate the relative value of his symptoms, or if he succeeds by virtue of a law of therapeutics in applying a drug to remove a symptom, yet he may never know how to interpret the ensemble of symptoms of his patient, may never know what is the matter, or whether his patient will live or die. Where is the fault, and why is it that there are so very few men thoroughly versed in all that pertains to medical art? It is because it is so vast, and is becoming more and more difficult to span in the ordinary term of one's life; because knowledge is so diffuse and so mingled with error and useless rubbish. The State has done a great deal for human life; she sustains a large corps of able men who are devoted to sanitary science, who watch the development and progress of epidemics, who study the causes and prevention of disease. These gentlemen rarely if ever attempt to cure these diseases; it is out of their line. But they are enabled to furnish the whole profession with facts in a few words of the most inestimable value, which facts may have required months and years of patient investigation to elicit (as for example, witness the results of most accurate and minute observations made by Dr. Lewis on cholera in India, and published by the British Government).

I would now inquire, what has the State done for the cure of disease? I am aware of the truth of the old adage, of an ounce of prevention, etc.; but if the State furnishes a pound of prevention she ought also to provide an ounce of cure. To discover the agents that will cure disease is quite as difficult, and requires quite as much painstaking and as prolonged series of experiments, as to discover the cause of disease.

Nearly all our knowledge hitherto obtained has been gathered piecemeal,—a little fragment here, another there; gathered at intervals in a busy life of care and anxiety; gathered while children were hungry and crying for black bread; gathered with no help from elaborate or even crude instruments of investigation or examination; gathered from terrible accidents, and distorted by efforts to save; gathered by learned and unlearned, by accurate, reliable observers, and by careless and short-sighted lookers on; gathered from the laboratory of an expert, and from the garrulous talk of the old and ignorant. All this the physician must sift and pass judgment upon, and so obtain the means whereby he may save his patient.

Suppose, now, that one expert should devote the matured years of his life to this one object, should carefully and thoroughly examine the properties of one and another medicinal agent, and the State should publish his results for the use of the world, even without regard to the method or law whereby it might be used, would not the State be the gainer? This cannot be done without laboratories, fitted up with somewhat costly apparatus,—for the objective as well as subjective effects of a drug must be studied; it cannot be done unless a man can devote his whole energies to it, without care for existence and without anxiety for food and raiment. The State should do this—should establish and endow a laboratory for experimental *materia medica*, and our hospitals would be emptied in half the time they now are; blind and crippled would disappear from our streets; our homes would be happier because of fewer shadows, and the State more prosperous.

There are some who think that when we have obtained a few symptoms from taking a dose of a drug, and these symptoms are repeated in others sufficiently to afford no doubt as to their cause, we know all that is necessary to know about the action of drugs and have sufficient data to apply the drug for disease; such knowledge is incomplete and often insufficient. Our knowledge of the effects of certain drugs upon the various animal fluids and tissues, is very often of the greatest possible service in selecting the appropriate remedy. Such knowledge often supplements mere symptom knowledge, or enables the therapist to rightly estimate the most important and characteristic symptoms, to eliminate the generic, and appreciate the specific, and so the more promptly cure the sick.

The action of drugs upon the system is studied from two principal standpoints, which are determined by the habit of thought, and especially by the previous education of the one who pursues this study. Some are content with ascertaining that certain general effects are produced by the drug; that Aloes is a purgative; that Aconite produces chill followed by fever; that Nux Vomica will produce convulsions; or, if their knowledge of physiology is more complete, will endeavor to satisfactorily and minutely account for and explain the symptoms derived from a drug by interpreting them according to tissues affected.

As for example (one that I have elsewhere mentioned), two students study SEPIA, one a man of thorough culture in physiology and pathology, who endeavors, as far as possible, to account for and explain every fact in nature, studies over and over again the symptoms of this drug; it is a confused maze of symptoms. He makes a note of general depression, languor, debility; he notes the impaired digestion, the faint sinking in the stomach, the relaxed condition of various organs, as shown by prominent symptoms; notices the unnatural and unhealthy condition of the skin, the hair falls out, the skin is dry or tends to develop herpetic eruptions; he notices aggravations from washing; he finds that the expectoration tastes saltish, that other discharges from various parts of the body seem to excoriate, as though they might be saline and acrid. All this and much more is noted and worried over as a riddle—how does Sepia do this? At last an idea takes possession of his mind. He finds that animals deprived of salt present a striking picture of a Sepia condition; he remembers the apparent loss of saline constituents, as the discharges seem to show, and he judges that Sepia favors exosmosis of saline matters, or affects the vitality of the tissues in such a way that this exosmosis too rapidly takes place. This condition will explain a host of symptoms produced by Sepia, that otherwise would have no satisfactory solution. Some would say that, after all, this student is no better off for having this key. *I know he is better off*; at least he has a key that will unlock and keep in mind symptoms of the drug, that would otherwise fall to the ground. Such a generalization brings forth its fruits.

A physician, to whom I had spoken of this, wrote me, not long since, that he had treated a patient most unsuccessfully, had found few symptoms aside from sallow color of skin, general languor, and saltish acrid discharges. Sepia was prescribed on the strength of the general character of the patient, with most wonderful results.

Sepia should have been proved with the aid of apparatus for determining the character of its action more exactly, and its value, great as it is, and as well understood as it has been, would have been doubled, and suffering more promptly relieved than ever.

Another student studies *Sepia*; he has no taste for scientific inquiry; does not

care to know the why and the wherefore; and he commits to memory all that he can of its prominent symptoms, writes them down and studies them over and over again, till sinking in the stomach forever spells Sepia, and a yellow saddle over the nose and salt expectoration spell always Sepia, and then turns out another remedy; and when 500 remedies have been studied in this parrot fashion, if he retains a half-dozen symptoms of each one distinct by itself, his memory is of finest order. This latter method makes box and book doctors—doctors that seldom know or care what is the matter with the patient so long as they find some symptoms; doctors that will often overlook the causes of disease, and its hygienic treatment, will often fail to remove mechanically an irritating cause or properly diet the patient, relying upon the law that if a drug presents all the symptoms of a patient, the drug will remove the symptoms and cure the patient. All this is true. I would not have it understood that I depreciate one whit the knowledge of symptoms; without such knowledge we could rarely cure our patients—without it could rarely distinguish between drugs whose general actions on the system seem to be very similar. I would have every student study from all points, so that one kind of information should supplement another, and thus a more perfect result be attained. Alas! the advantages for attaining this information are so limited. I am astonished that our school of medicine has accomplished what it has thus far; it shows how grand the system is, and how firmly established on simple truth. It also shows us an almost boundless possibility in the future.

This plea for the support of a laboratory for experimental *materia medica* is without necessary reference to therapeutics. The information so obtained and made public is positive and certain. It may form the basis of any therapeutic superstructure; it is for the benefit of all classes of medical men who are in these days with one accord seeking after, and holding fast to, positive knowledge of the effects of drugs.

During the past year some valuable contributions to positive *materia medica* have been made by students earnestly seeking after truth, and at this present time several are zealously engaged in the same work. I am now much interested in the experiments with a substance that given to animals destroys the power of controlling their movements, and finally destroys life by paralyzing them. It is found that certain organs are remarkably affected by it, that the cerebellum and upper portion of the spinal cord are softened, and that in some the lungs are hepatized. This same student, in making cautious experiments on himself and friends, finds transient but unmistakable symptoms of loss of muscular power, etc., etc. Now his researches are carried on in the crudest possible manner; he needs instruments for determining the rapidity and pressure of the blood current, the force and frequency of the heart's action, the amount of resistance of the nerves to galvanic and other currents, apparatus for analyzing the excretions, etc., etc. All this he has not, nor can have. There is no place in this country where such investigations can be properly conducted. The consequence is that our knowledge of this drug whose usefulness is so clearly foreshadowed must be crude and incomplete, and our use of it correspondingly limited and unsatisfactory. Private individuals cannot initiate such a grand and useful work, and this plea is intended to give the public some idea of the necessity of it.

I now desire to direct your attention to the nature of action of remedies upon the system as viewed in the light of some recent scientific discoveries.

Let me premise by saying that drugs affect the system in ways that closely

simulate the various effects of diseases, and by this property they cure disease. I would also add that if we can understand the *modus operandi* of drug action, we shall receive some light upon the manner in which diseases affect the system. (I use the term "disease" in the popular acceptance of the term, not in accordance with a strict definition of it.)

The most eminent scientists tell us that matter is composed of ultimate, original, unchangeable, indivisible atoms. These atoms are variously grouped under certain conditions to form molecules—as for example, one atom of N attaches itself, by virtue of certain natural forces, to three atoms of H; these form one molecule of Ammonia; this molecule is the limit of the subdivision of Ammonia; any forced division of this molecule destroys the Ammonia, and results in free atoms of N and H. This doctrine of atoms is very old. The celebrated old Greek, *Democritus*, held that this indivisible limit existed, but *Anaxagoras* disputed him, and taught that matter was *infinitely divisible*; but the proof now seems clear and indisputable that Democritus was right. Not only are there ultimate atoms, but these atoms are in constant motion; whether they are free atoms or whether associated in molecules, they are constantly moving to and fro, constantly attracting and repelling each other. Some very eminent men even aver that in these varying motions and forces of atoms originate all the forces of nature. You can readily perceive that the ultimate atoms of a very dense body (a dense metal like Platinum) are much closer together and have less room to oscillate in than the atoms of a gas—as, for example, Hydrogen. Some gases can be compressed into such a small space that they are liquefied, but the pressure being taken off, they will return to their normal condition.

It is conjectured, from the results of elaborate experiments, that the molecules of hydrogen are of such a size and distance apart, that about sixty millions in a row will make an inch, and that the average distance travelled by a molecule in its oscillating, approximates the one-tenth part of the length of a wave of light. Its rapidity of motion is such, that if it could travel straight on in a direct line without meeting resistance from other molecules, it would travel seventeen miles in a minute. For instance, Ammonia is diffusible with great rapidity, its molecules composed of N and H. A gas, in its normal state, would fill a large space with atoms, at a relatively great distance from each other, closer than H. Without impediment, it would almost instantaneously be perceived at the farther end of this hall, and the peculiar oscillation of its molecules set in motion the fine terminal filaments of the olfactory nerve, and possibly cause a jingling out of tune of the nerve molecules. So a wave of sound causes an oscillation of the drum of the ear. So a ray of light sets in motion the wonderfully delicate little granules perched upon the end of the rods and cones of the retina, to each one of which is attached an electric-like nerve fibre that tells us which one oscillates, and so we know what color causes it, for each color sets in motion a granule, which oscillates so as to correspond to the varying wave lengths of light. But in the molecular motion of substances we have a force that is more subtle in its action, and more permeating in its influence. Hydrogen molecules will travel between the molecules of iron, and the gas will leak through iron vessels, and even diffuse through such a dense metal as palladium (see Professor Maxwell's Address before the British Science Association). Here, then, we begin to find some of the hidden forces of nature. We can begin to understand that certain properties of substances may be due to these peculiar forces. Hence it may be that when one gas like N is united to another like H,



and the compound molecule becomes ammonia, it is possessed of peculiar properties, because of the changed forces (modes of motion) of the compounded atoms. It has been said that even the force of gravitation is referred back to this molecular force, and Dr. Gatchell has very ably put it in his articles on "Force," when he refers to the properties of drugs as due to their varying molecular activity. Professor Maxwell, in his address, refers to the investigations of one man, who concluded that this molecular activity was often so forcible that the molecules were disintegrated thereby, and the substance dissipated into its original atoms; that, in water, the H and O were continually getting separated and taking up with new partners of O and H. Certain it is, that the molecular forces are of such a nature, that when different substances are brought in contact, disintegration of old and formation of new substances result, that matter is constantly undergoing change from these causes. The power of any substance to effect changes in our organism, is due to its molecular activity and the effect the peculiar motion, or force causing that motion of its molecules, has upon the motion of our molecules, and that power varies in character according as the composition and force of different substances varies.

Before taking another step in this direction, I will call your attention to the minute portion of a substance required, under various or certain conditions, to affect the human or animal organism.

The power with which any substance affects the human organism, varies (1) directly as the activity of its molecular action, or as the force causing that action; and (2) directly as the susceptibility of the individual against whom such action is directed.

I think there are no earnest persons in my presence to-night but could be thoroughly convinced of the power of the 30th centesimal dilution to positively impress the human organism, not only when delicate and sensitive during disease, but also in some cases in health.

The experiment has been repeatedly tried in my class of students in our college—a mixed class of young men of all temperaments, ages, and conditions in life; of a class of over a hundred some twenty-five or thirty volunteered to prove, under my direction, some remedy known only to myself. I have given the same dilution or potency to all alike, and found that usually a fourth or fifth of the class had positive, uniform, and corresponding effects, the remaining four-fifths no results. I find that, on giving these four-fifths lower potencies or larger doses, similar though fewer effects are produced.

This experiment has been made repeatedly, and there is probably not one of the class willing to disbelieve in the power of the 30th to affect some people under some circumstances. There are few, if any, physicians but find some one or more of their families remarkably sensitive to the action of even the very highest attenuations (especially of certain drugs); some always promptly affected by Bell, or Merc., or Sulphur, etc. I have a friend who, knowing considerable concerning the effects of drugs, is almost always able to tell within a few seconds what drug he has taken, or if he does not recognize its effects, will describe them; and I have often been surprised to find the effect detailed by him a moment after a dose, exactly recorded in some former proving of the drug. Most of you know that M. Houat announced to the French Society of Homœopaths that he would take the 15th centesimal dilution of any medicine that should be selected by a committee, and in a month thereafter would state its effects, or name the medicine if its

effects were previously known. The committee gave him Bell., kept it a profound secret, gave the president a sealed envelope with the name of the drug. After a short time, M. Hout reported his symptoms, and announced the drug to be Bell. The president corroborated his statement.

Hundreds of similar instances might be adduced. I only desire to emphasize the fact, as positively proven as anything in science is proven, that at least the 30th centesimal dilution of a substance, properly prepared, does affect the human organism.

I wish to call to your minds the remarkable effects produced by a certain kind of virulent poison known as *Septic* poison. This is obtained from organic matter, fluids especially, peculiarly altered by disease. This poison is astonishingly rapid and destructive in its action. Under it the fluids and tissues of the body seem to disintegrate, the molecular constitution of the organic compounds rapidly disappears, and substances which do not permit vital processes rapidly form. This poison approaches in its virulence the snake poisons, which seem to shock the composition of our organisms so that they fall to pieces, some snakes killing in five minutes (almost with lightning-like rapidity); so lightning suddenly disintegrates and decomposes the organic elements of our bodies, and produces instant death.

It is a favorite doctrine that this Septic virus kills by virtue of rapid formation of animalcules (Bacteria and the like), and that a kind of fermentation is produced by them—a vague kind of theory, now quite the fashion, and quite as fallacious as fashionable. But it has been positively shown that Bacteria or other infusoriae are not always present. This theory of ferment can hardly be applied to snake bites, nor to electricity, nor to drug action, nor to the diseases whose action is identical with drug action. Some say, whence then the Bacteria, etc. I answer always, the effect, not the cause; they are generally found in decomposing organic matter. *They are often found, too, in HEALTHY human blood.*

Different experimenters have found that a Septic fluid, so dilute that not even one Bacteria or minutest animalcule could possibly be taken, was yet deadly in its effects; and so some, instead of manfully facing the facts, have begged the whole question by asserting that the *germs* of these minute animalcular germs—so minute that the microscope could never reveal them—have yet been the cause of this destructive action.

I say that the cause of the virulence of this fluid was the remarkable molecular force imparted to the fluid by a pre-existing disease or development, and that this disintegrating force caused the activity of the fluid.

I say farther that the peculiar molecular action of a diseased particle will or may cause a similar abnormal molecular action and change in the particles of another body with which it may come in contact.

I believe, again, that the peculiar molecular force which determines the action of a drug may be imparted to a fluid or other (in itself) harmless substance, and so become transmitted and engrafted long after the original particles of the drug shall have disappeared.

Let us examine this point a moment from the nature of our dilutions. Starting with the atomic constitution of matter, we find, as Prof. Maxwell, Sir Wm. Thompson in England, and others in Germany and France, have almost exactly independently discovered, that the size of atoms is such (approximately), that if a drop were magnified to a globe the size of this earth, we should see these atoms about the size of a bird shot, not smaller, and not larger than a buck shot.



Allow me now to read to you an extract from Prof. Cook's new work, "The New Chemistry," an able review of which appears in to-day's *Tribune*. He says: "Whether there are such things as waves of ether or not, there is something concerned in the phenomena of light which has definite dimensions that have been measured with as much accuracy as the dimensions of astronomy." These dimensions he employs to measure the thickness of soap-bubble films, and we will let him tell in his own lucid language how the result bears upon the question of the size of molecules:

You thus see that the theory of light enables us to measure the thickness of the film, and we know that where that gray tint appeared in our experiment the thickness of the film was less than  $\frac{1}{4}$  of the length of a wave of red light, or less than 1-156,000 of an inch, and no wonder that the film broke when it reached such a degree of tenuity as that.

But, having followed me thus far, and being assured, as I hope you are, that we are on safe ground, and talking about what we do know, your curiosity will lead you to inquire whether we can stretch the film any farther.

The facts are that, after the appearance of the gray tint, although the film evidently stretches to a limited extent, it very soon breaks. Practically, then, we cannot stretch it beyond this point to any great extent; but why not? Theoretically, if the material of water is perfectly homogeneous, there would seem to be no good reason why it should not be capable of an indefinite extension, and why this film could not be stretched to an indefinite degree of attenuation. Assume, however, that water consists of molecules of a definite size, then it is evident that a limit would be reached as soon as the thickness of the film was reduced to the diameter of a single molecule. Obviously we could not stretch the film beyond this without increasing the distance between the molecules, and thus increasing the total volume of the water. Now, there is evidence that, when the gray tint appears, we are approaching a limit of this sort. It is hardly necessary to say that we cannot separate, to any considerable extent, the molecules of water from each other—that is, increase the distance between them—without changing the liquid into a gas, or, in other words, converting the water into steam, and the only way in which we can produce this effect is by the application of heat. The force required is enormous, but the force exerted by heat is adequate to the work, and it is one of the triumphs of our modern science that we have been able to measure this force, and reduce it to our mechanical standard. In order to pull apart the molecules of a pound of water—that is, convert it into steam—we must exert a mechanical power which is the equivalent of 1,813,000 foot-pounds, that is, a power which would raise eight tons to the height of 100 feet, and as we can readily estimate the weight of say one square inch of our film, we know the force which would be required to pull apart the molecules of which it consists.

Again, on the other hand, singular as it may seem, we have been able to calculate the force which is required to stretch the film of water. This calculation is based on the theory of capillary action, of which the soap-bubble is an example. Moreover, to a certain limit, we are able to measure experimentally the force required to stretch the film, and we find that, as far as our experiments go, the theory and the experiments agree. Our experiments necessarily stop long before we reach the limit of the gray film; but our theory is not thus limited, and we can readily calculate how great a force would be required to stretch the film until the thickness was reduced to the 1-500,000,000 of an inch; that is, the 1-3,100 of the thickness of the light film, or the 1-12,000 of a wave-length. Now, the force required to do this work is as great as that required to pull apart the molecules of the water and convert the liquid into vapor. It is therefore probable that, before such a degree of tenuity can be attained, a point would be reached where the film had the thickness of a single molecule, and that, in stretching further, we should not reduce its thickness, but merely draw the molecules apart, and, thus overcoming the cohesion which determines its liquid condition and gives strength to the film, convert the liquid into a gas.

There are many other physical phenomena which point to a similar limit, and, unless there is some fallacy in our reasoning, this limit would be reached at about

the 1-500,000,000 of an inch. Moreover, it is worthy of notice that all these phenomena point to very nearly the same limit. I have great pleasure in referring you, in this connection, to a very remarkable paper of Sir William Thompson, of Glasgow, on this subject, which appeared first in *Nature*. He fixes the limits at between the 1-250,000,000 and the 1-500,000,000 of an inch, and, in order to give some conception of the degree of coarse-grainedness (as he calls it) thus indicated by the structure, he adds that, if we conceive a sphere of water as large as a pea to be magnified to the size of the earth, each molecule being magnified to the same extent, the magnified structure would be coarser-grained than a heap of small lead shot, but less coarse-grained than a heap of cricket-balls.

These considerations will, I hope, help to show you how definite the idea of the molecule has become in the mind of the physicist. It is no longer a metaphysical abstraction, but a reality, about which he reasons as confidently and as successfully as he does about the planets. He no longer connects with this term the ideas of infinite hardness, absolute rigidity, and other incredible assumptions, which have brought the idea of a limited divisibility into disrepute. His molecules are definite masses of matter, exceedingly small, but still not immeasurable, and they are the points of application to which he traces the action of the forces with which he has to deal. These molecules are to the physicist real magnitudes, which are no further removed from our ordinary experience on the one side, than are the magnitudes of astronomy on the other. In regard to their properties and relations, we have certain definite knowledge, and there we rest until more knowledge is reached.

Now, in making our dilutions, one drop of the drug is each time added to 99 of pure water. If the whole could possibly be preserved, we should have at the 15th *dil.* our original drop of the tincture diluted with an amount of water the size of this globe; the sixteenth would dilute this globe with 99 other globes, and so on. Now at the fifteenth each drop would contain one single atom of the original drug. In the sixteenth only one drop in a hundred would contain an atom, and in taking one drop of this (at random) to make our seventeenth, the chances are much against our getting that one drop containing the atom, and in the next few potencies, the chances amount to certainty that none of the drug can be present.

To what explanation do these facts, at least *approximately* true, force us? We have it *proven* to us by members of the French Academy of Sciences, that a single drop of a poison diffused through an amount of liquid so great that its dilution exceeds all our conceptions of a material quantity, so dilute that a portion sufficient to kill an animal in a short time, could not possibly contain an amount of living (or dead) matter that could be seen by the highest powers of the microscope, smaller than the smallest animalcule ever seen, is yet powerfully active against living tissue.

We believe, with reason *unbiased* and *unprejudiced*, that a dilution of a drug far exceeding all probable or even possible limits of subdivision of matter, is yet active, and active too in a manner identical with the crude material. On the other hand, we know that subtle, positive and powerful forces reside in and act between the ultimate molecules of matter; that these forces vary in kind and intensity; and that upon these peculiar forces depend the varying forms and properties of matter. To what explanation, I say, do these facts lead us? It seems to me that there can be but *one*, that may not be at all new, but one that needs to be accepted and elaborated, namely, *that peculiar molecular activities or forces which endow matter with its properties, can be transferred to indifferent fluids or other molecules which shall receive and perpetuate these forces, and in turn become active as was the original matter.* So can Septicæmic action be communicated in an almost *incredibly* short period of time, to all the fluids and tissues of an animal, each drop or particle of which may in turn engraft the action upon another.

So may diseased action be impressed upon the system, that shall ever after remain unaffected by a like disease.

So may drug action be communicated to the tissues and fluids of the body—nay, *more*—so may drug action be communicated to indifferent fluids or solids that shall ever after possess the peculiar property of the drug. It makes no difference whether or not the original molecules are present (they may have long since been missing), the *force* is preserved, and the thirtieth or thirty-thousandth may still possess its property.

Here then is our position ;

1. There are powerful molecular forces in nature.
2. These forces vary in different substances.
3. If our sciences rest on a sure basis, as they seem to do, especially that of chemistry, in explaining its combinations and predicting its results, then the material idea of drug action and of diseased action must give place to the idea of force, and that material particles, whether exhalations or animalcules, are the carriers, not the causes of such force.

Here the way is open for the explanation of the cause of diseases and epidemics from varying atmospheric conditions, varying conditions of electrical or hygrometric states.

I firmly believe that the whole germ theory of disease will be abandoned—except as floating particles may carry disease ; that fermentation will be found to be the result of disorganizing forces, and that these forces can only be met and overcome by like, but antagonistic, forces, as two waves might cause a calm, or two currents still water.

If this idea is applied to drug potentiation it makes little difference how much a drug is diluted so long as it is properly succussed. The force is imparted, and that is all that is needed. I by no means believe that advantage is gained by these extravagant transmissions of drug power, but I believe in the almost limitless possibility of it.

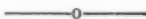
I have heard some speak of the folly of accurate observation on the effect of the various preparations of drugs, of the credulity of this or that person, of the impossibility of ever attaining to anything approaching satisfactory knowledge on this and other points. *It may yet be found that data taken and observations made from the standpoint of positive effects of drugs may furnish the power to travel back through nature and unravel not only the manner of diseased as well as drug action, but shed new light on the forces of nature so wonderfully correlated—forces from which spring alike evil and good, destruction and the renovation.*

We need, in this hurrying state of ours, time and opportunities for patient trial and investigation. The State which does not foster unapplied science will never see applied science flourish, and will lag behind in the onward march of progress. The German nation is slowly and steadily pushing ahead and taking the lead in all departments of industry, arts and sciences, *because* she encourages and provides for *scientific research* in every department—scientific research that does not *sell* its fruits, but gives them freely to the world.

We, with unparalleled resources at our hand, should not remain idle. Our land is full of new and powerful agents for the cure of disease. Our institutions and our profession are not lacking in enthusiastic workers ready to devote time and talents to the work. We need only opportunity.

The object to be attained is worthy of our most hearty support and our un-

dying enthusiasm—an object that looks to the relief of suffering and cure of the sick; an object that will repay investments lavishly, for it will return the sick laborer or financier the quicker to his productiveness, it will reduce the number of beggars and hopeless incurables. Every new curative agent *positively discovered* is worth solid gold to the public, and reflects immortal honor upon the discoverer of its virtues. Let this State Society but be the means of inaugurating such a thorough and accurate system of investigation and publish the results, and it will achieve immortal honor and undying fame.



## THE APPLICATION OF REMEDIES TO THE PUERPERAL CONDITION.

By HENRY M. LEWIS, M. D., and HENRY MINTON, A. M., M. D.

In the following pages we have endeavored to present to the practitioner at the bedside of his puerperal patient such a synoptical statement of the leading indications of the remedies, as shall enable him with the least amount of difficulty to accurately prescribe for the symptoms there encountered. That we present much new and valuable matter, and in a form well adapted to be easily made use of, we feel confident; that many errors and faults have crept in, no one knows so well as we, who have earnestly endeavored to exclude them. Symptoms will be found here, emphasized in some instances, not to be found in standard works on Mat. Medica. Such symptoms we have either personally confirmed, or have obtained from unquestionable authorities.

### ACONITE.

**Pregnancy.**—*Great fear of death; predicts the day she will die.* Great fear that something dreadful is to happen. Headache with vertigo on sitting up. Stupefying pressure over the root of the nose. Fulness and heaviness in the forehead, as if the brain would press out. Nausea and vomiting, with thirst. Everything tastes bitter except water. Burning sensation in the mouth and throat, extending to the stomach. Stinging, burning soreness in the region of the liver. Nausea and vomiting with headache after every meal. Desire for wine. Hemorrhoids occasioning great annoyance. Constant pressure and shooting at the anus. Bruised pain in the back. Retention of urine, scanty emissions of hot red urine with pinching about the umbilicus and piercing pain in the region of the kidneys. Between twelve and three o'clock A. M. the patient is distressed and has to get up to urinate.

**Abortion.**—*Produced by fright, when there is active hæmorrhage attended with hot dry skin, thirst, restlessness, cerebral congestion and great fear of death. Full of general undefined fears. Giddiness on attempting to rise up, the face becoming pale, and she is faint and weak.*

**Before Labor.**—Feverish, thirsty and alarmed; *knows she is going to die.* She becomes giddy and sick on rising, and has to lie down again. Anxious, labored respiration. *Cannot bear activity going on about her.*

**During Labor.**—Restless and moaning with every pain. The vagina is hot, dry, and tender to the touch; the os hard and resisting. When the pain ceases through fright. Cannot bear the pain—to be touched or to be uncovered. Palpitation of the heart; congestion of blood to the head. Face is pale on rising up in bed. Full of undefined fears.

**After Labor.**—Active hæmorrhage with excitability and fear, rapid pulse, skin hot and dry.

**CONVULSIONS:** Is of use early in the case before the disease has actually manifested itself. When the skin is hot and dry, the pulse quick, respiration labored, face congested, great anxiety, restlessness and fear of death. Aconite will dispel the symptoms, and the convulsions are avoided. Too protracted and painful after-pains.

**PUERPERAL PERITONITIS:** Often will be the first remedy called for. It is especially indicated in women of full plethoric habit. Abdomen distended and very tender to the touch; sharp shooting pains. Pulse rapid, skin hot, etc., etc.

**PUERPERAL MANIA:** Occasionally calls for Aconite.

Phlegmasia alba dolens when attended with characteristic symptoms.

**Lochia.**—Suppressed or too scanty, soon after confinement, with difficult breathing and distress in the abdomen and chest, as if from congestion. Offensive lochia.

**Breasts.**—Inflamed, congested, hot, burning and distended; with little or no milk. Milk fever with delirium, restlessness, heat, thirst, etc.

**Concomitants.**—Aconite is especially indicated in women of full plethoric habit, nervo-sanguineous or bilious temperament. Uncontrollable and terrible dread, fear and restlessness. Fears to cross the street lest she be run over and killed; fears ghosts; is irritable and unreasonable. Cannot bear active pursuits going on about her. The skin is hot and dry, there is intense thirst and burning in the mouth and throat. In affections brought on by dry cold winds, and

attended with true synochal fever, the sufferings are *particularly intolerable at night*.

#### APIS.

**Pregnancy.**—Restlessness, continually changing from one thing to another. Jealousy, awkwardness, dropping and breaking things. Congestion of blood to the head. Stomach is sensitive to touch, as is also the abdomen, which feels full and distended. Slimy mucous diarrhoea of a yellowish green color, worse in the morning, attended with stinging cutting pains in the anus and with strangury. Hæmorrhoids with stinging pain, followed by burning in anus and rectum. The mucous membrane is protruded from its swollen and highly vascular condition. Urine scanty and high colored; strangury. Too profuse discharge of urine, which is a pale straw color. Stinging and burning in the urethra before, during, and after micturition. Apis is frequently indicated during pregnancy for a combination of symptoms, whose gravity is best understood when we know that they forebode puerperal convulsions. Skin unusually white, almost transparent. Legs and feet œdematous, swollen and waxy pale. Dropsical condition of the eyelids. Absence of all thirst. Urine dark colored and scanty. Incontinence of urine with irritation of the parts, incontinence of urine when coughing, a few drops dribble away with stinging scalding pain. Ovarian irritation with pain in left pectoral region.

**Abortion.**—When it results from ovarian irritation, stinging pains in the ovaries continuing until uterine contractions are excited and its contents evacuated. Absence of thirst, with dropsical symptoms. Prolonged and difficult constipation.

**Before Labor.**—General œdema. Restless and uneasy, shifting and changing about. Awkwardness. Burning and smarting when passing water. The urine is thick, dark and scanty.

**During Labor.**—Uræmic convulsions. Torpor, delirium; sudden shrill cries, grinding the teeth. Head wet with perspiration.

**After Labor.**—Profuse hæmorrhage with heaviness in the abdomen, restlessness and yawning. Stinging pains in the abdomen and vulva.

CONVULSIONS, where the symptoms indicate. (See preceding paragraphs.)

PUERPERAL FEVER attended with dyspnœa. Effusion into the pleura. Pulse small and trembling. Hives on the skin. Skin alternately dry and wet with perspiration. Abdomen distended and tender. Stinging in the abdomen and vulva. Delirium, flying from one topic to another.

PHLEGMASIA ALBA DOLENS, where the swelling has a white transparent look; the pains are generally stinging or burning. Fever, no thirst, great restlessness and tossing about. The urine scanty and high colored.

The dropsical and urinary symptoms are characteristic and important, so also are the peculiar stinging and burning pains. Its use during pregnancy, where indicated, breaks up a condition that would eventuate in convulsions.

#### ARGENTUM NITRICUM.

**Pregnancy.**—*Thinks she is going to lose her mind.* Very impulsive mood. Time seems to pass very slowly. Violent belching. *Wants to belch, but the œsophagus feels closed and keeps it back.* Belching after each meal. Constipation, stools dry and discharged with difficulty. Itching at the anus.

**Abortion.**—With profuse flooding aggravated on motion, and attended with headache and vertigo. The headache is accompanied with general heat or chilliness, and is relieved by tightly tying a handkerchief about the head. Time seems to pass very slowly. She thinks she has been flowing for hours, when, in fact, but for a short time. She says the "doctor is so slow."

**During Labor.**—Convulsions, epileptiform in character. The convulsions are violent, and the patient is cognizant of their approach. Before the spasm there is a sensation of expansion of the whole body, but especially of the head and face; it feels as if the bones of the head were separating, and there is a sort of orgasm and heat through the body. Sensation as if the limbs would go to sleep. Giddiness, stupefaction, a difficulty of collecting the senses. Imbecile appearance. Spasms, as a result of intense excitement, seemingly half hysterical and half epileptic.

**After Labor.**—Convulsions of the same character as above detailed. Hæmorrhage, with characteristic symptoms, as set forth in a previous paragraph.

**Concomitants.**—The impression this drug creates on the brain is deep-seated and profound. We have vertigo, dizziness, and cloudiness of the head as if from intoxication—has to sit down to keep from falling. Excessive congestion of the blood to the head, with throbbing of the carotids. Stupefying dulness of the head, great melancholy, weakness of mind, inability to express themselves coherently. Seeming enlargement of the head, chorea, and epilepsy occurring generally at night, or early in the morning, or shortly after dinner. *Great debility and weariness of the lower extremities as after a long-con-*



*tinued journey ; staggering gait.* This debility of the lower extremities is characteristic, and should call our attention to this drug at once. It is a powerful, but neglected curative agent.

#### ARNICA MONTANA.

**Pregnancy.**—Excessive sensitiveness of the mind. Quarrelsome and peevish. Anxiety about the future. Easily startled ; frivolous ; thoughtless gaiety. *Burning in the brain, heat in the head, the body being cool.* Headache aggravated by mental exertion. Lancing stitching pains in the forehead and temples. Nausea and vomiting with putrid eructations tasting like rotten eggs. Empty eructations. Gulping up of bitter phlegm. Nausea and vomiting caused by violent motions of the fetus. Stomach feels full, and there is a loathing of all food. Hard, difficult stool, with pressure in the abdomen. Frequent small stools of a slimy character. Flatus smelling like rotten eggs. Hæmorrhoids ; pressing in the anus when standing, has to lie down after every stool. The hard stool leaves the parts feeling bruised and sore. Blind piles. Tenesmus vesicæ ; urine brown and deposits a red sediment. Frequent desire to urinate, but passing only a little at a time, the last being emitted with difficulty. Varicose veins, when they are excessively painful and swollen, and of a livid color ; especially adapted to a varicose condition of the veins of the sexual parts. Arnica is useful during pregnancy to allay the evil effects arising from falls, blows or bruises, endangering the safety either of child or mother. When there is a feeling of great soreness in the abdomen and uterine regions, also in the pelvic joints, so that she is scarcely able to walk. Suggilations on the skin like bruises.

**Abortion.**—After mechanical injuries, flow with or without pain, or pain without flow. The flow is a bright red color, mixed with clots ; the head is hot and congestive, the body cool. There is a general bruised sore feeling. Arnica should not be given at random to all cases after mechanical injuries ; but only where the symptoms indicate (after strains consult Cinnamon and Rhus ; after lifting heavy weights, Sepia ; after reaching up, Rhus, etc., etc.).

**Before Labor.**—Great soreness through the body as if bruised. Bruised feeling in the uterine region which prevents her walking upright. She thinks the child lies crosswise and that it causes her pain.

**During Labor.**—The pains are so violent she is almost crazy, *she fears the bed clothes or scratches the walls in her desperation,* and yet but little progress is made. She is restless and uneasy, wants to move about. Sometimes the pains are weak and feeble, with the



same restlessness. She feels unusually sore and bruised; the bed feels hard and uncomfortable. *The head and face hot and congested, the body cool.* The head feels hot to the touch. She wants to lie with the head low—hanging over the edge of the bed; convulsions. (See after labor.)

**After Labor.**—Hæmorrhage, the blood bright red and mixed with clots; nausea in the pit of the stomach, the head hot, the body cool, also the extremities. The patient as sore as if she had been beaten.

**CONVULSIONS.**—When the head is hot, and congested, the face puffed and swollen, consciousness is lost; the bowels and bladder discharge their contents without the patient's knowledge. Symptoms of *paralysis of the left side.* These convulsions occur either during or after labor. When, in the first instance, it is usually in a protracted case, where the head is wedged into the maternal passages and the convulsions come on with the recurrence of the pains. Pains violent after retention of urine, from the paralyzed condition of the parts following a protracted labor, or after instrumental delivery.

**PHLEGMASIA ALBA DOLENS.**—After protracted or instrumental cases, and where the diseased condition seems to be a result of the mechanical injury inflicted. In such a case consult Arnica, and if the symptoms indicate, use it.

**Breasts.**—When in the first days of nursing the nipples seem sore and bruised. When the breasts are swollen and inflamed, with an erysipelatous character.

Arnica is almost universally applicable for relieving the bruised, strained condition of the system after labor. A weak solution, a tablespoonful of the tincture to a quart of tepid water, should be also used externally, with a soft sponge, washing away all blood-stains, and gently cleansing the parts *immediately after the completion of labor*, unless something in the patient's condition contra-indicates.

#### AURUM.

**Pregnancy.**—Despondency. Inclination to suicide. Sleeplessness at night. Congestion of blood to the head, with toothache. Feels best in the open air, even when the weather is unpleasant. May be found of great use in cases where Syphilis has been mismanaged and complicated with mercurial poisoning.

**During Labor.**—Desperate frame of mind during the pains. After them, or as she feels them coming on, she will rise up and throw herself violently backward on to the pillows or bed. Congestion of the head and palpitation of the heart.

**After Labor.**—Mania; very unhappy. Weakness of memory

and intellect. Thinks continually of suicide. Sleeplessness day and night.

The mental symptoms are most indicative, and will often lead our attention to this remedy. The melancholy and suicidal tendencies rest generally on some organic disease of the reproductive organs.

#### BELLADONNA.

**Pregnancy.**—Hysterical states, great distress, suspiciousness, rage, madness, disposition to strike or bite. Desire to escape from those she may be with, from her husband in bed. Wild look. Difficult deglutition. Congestion of blood to the head. Vertigo, with staggering and trembling; buzzing in the ears, heaviness and pressive pain on top of the head or over the eyes; head feels violently distended, *arteries throbbing and beating*, face red, eyes injected. Objects may appear double. *Cannot bear light, jars, or noises*. Sometimes indicated in morning sickness when the face is flushed or very pale; eyes red; arterial circulation excited; beating pains in the *right temple*, with dread of light and noise. Putrid taste in the mouth or fauces while eating or drinking—food tasting natural; nausea in the throat, the tongue thickly coated. Cardialgia of pregnancy. Frequent desire for stool, little or nothing being passed. *Shuddering during stool*. Constipation, with distended abdomen and heat in the head. Hæmorrhoids, which have become strangulated by a spasmodic constriction of the sphincter ani. Violent sudden itching or lancinating pain in the hæmorrhoidal tumor. Dysury with complicating hæmorrhoids, seemingly a sympathetic affection; congestion of blood to the head.

Great difficulty in passing a small quantity of water, which is of a natural color. Constant involuntary dribbling of urine. *Enuresis with profuse sweat*. Yellow turbid urine. *Copious and frequent emission of pale watery urine*. The slightest jar causes pain in the region of the bladder, it is so sensitive. Retention of urine from spasm of the neck of the bladder. There is aggravation of the symptoms generally in the morning, in the afternoon about 3 o'clock, *from quick motions or jars*. The pains characteristic of this remedy come and go quickly, or come on slowly, increase to a certain point, and then suddenly cease.

**Abortion.**—Frequently indicated to prevent this accident, and generally will be found of use early in the case. Violent pain in the loins or entire abdomen. Bearing down as if all the *internal parts would be forced out, especially in the morning*. Pain in the small of the back. Moaning and sobbing from the intensity of the pain.

Face is pale or flushed and bloated, arteries throbbing. Profuse discharge of blood, which is bright red, and frequently bad smelling. *The blood feels hot as it passes.* Trembling and convulsive movements.

**Before Labor.**—False *fleeting* pains mostly in the back, *they come and go quickly.* The patient becomes restless and alarmed. When the approach of labor is attended with a seeming redundancy of blood, and especially when there is a tendency to cerebral congestion.

**During Labor.**—The pains are spasmodic, *they come and go quickly,* and accomplish little or nothing. It seems to affect especially the circular muscular fibres. Violent contractions of the cervix, which is hot, dry and tender. The os feels hard and resisting, *not unlike a martingale ring.* The face is very red and bloated and the eyes injected. The labor is tedious and slow. Throbbing headache, with great *sensibility to light and noise.* Bel. is especially useful in first labors in elderly women, where all the parts seem dry and rigid. Spasmodic contractions. The pains cease entirely after having been very violent for several hours. Convulsions, the characteristics of which are detailed further on.

**After Labor.**—Sudden flooding. Profuse discharge of blood, which *suddenly ceases and as suddenly comes back again.* Spasmodic action of the uterus. Hour-glass contractions, or contractions of the circular fibres of the os imprisoning the placenta.\* The blood discharged is bright in color and not clotted. Violent backache. The face flushed and bloated or pale. Palpitation of the heart. Violent thirst.

CONVULSIONS with screams and loss of consciousness, violent distortion of the muscles. Spasms and startings and convulsive movements of the limbs. The pupils are dilated and the eyes distended. The cutaneous veins are distended. The face bloated, purple, and changed beyond recognition. The right side of the tongue seems paralyzed. It may be protruded, pushed round to the right, and perhaps bitten. The mouth is covered with froth. The urine and *fæces* are discharged. The pains renew the convulsions.

Before the spasm, and as precursors of it, we find the patient either

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\* Prevention in this case is both better and easier than cure. If, when the child's head is born, we leave it alone, making no traction, but trusting the expulsive power of the uterus, and, with our hand on the abdomen, firmly grasp the fundus, and follow it down with *firm* pressure, the prompt expulsion of the secundines is almost sure to follow.

highly excited, the whole nervous system in a state of erethism, or else in a sort of dazed, stunned, semi-conscious condition. There are twitchings and jerkings of single muscles, difficulty of deglutition, more or less tossing about ; crying out. She sees fearful visions. The spasms are preceded by a creeping sensation in the muscles, tingling and numbness of the limbs ; violent desire to urinate but no emission. After the spasm the patient lies in a deep sleep or unconscious state from which it is difficult or impossible to rouse her. Great prostration. The breathing oppressed and labored.

**After Pains** severe and seeming as if they would force out the contents of the abdomen, coming and going suddenly. The abdomen feels gripped as by a hand. *Sensitive to jars, light, and noise.* The head congested, the eyes red and injected. When there is a fulness about the head and disposition to sleep. Abdomen tense and tender. The urine is passed slowly in drops with effort, but no pain.

**Lochia.**—Clotted, offensive and bad smelling, or suppressed. It feels hot to the parts. The discharge continues too long, becomes thin, offensive and excoriating.

**PERITONITIS.**—All the secretions suppressed, abdomen full, tense, and tympanitic, and very sensitive. The lochia either suppressed or offensive. Stupefaction or perhaps furious delirium and frightful visions. Pulse full and bounding. *Sensitiveness to light, noises, and jars.*

**PUERPERAL MANIA.**—Desire to die—she feels so miserable. She tries to escape. Paroxysms of rage and fury, fearfulness. *Sleeplessness at night although she is very drowsy and sleepy.*

**PHLEGMASIA ALBA DOLENS.**—When the symptoms indicate. There are cutting pains as if with knives in the affected limb. Sensation of heaviness in thighs, hypogastrium and sexual parts. Fever, burning thirst ; cannot bear to be touched. Much moaning and sleeplessness. These symptoms, together with such as have been heretofore mentioned as indicating this drug, will guide us in its selection.

**Breasts.**—The breasts feel heavy, are very hard and red, the redness radiating in streaks from a centre. Secretion of milk suppressed.

**BELL.** is especially adapted to plethoric, scrofulous, irritable individuals. To persons disposed to cerebral congestions. To nervous sanguine temperaments. Women with blue eyes and inclined to grow fleshy. Its action on the uterine circular muscular fibres is sometimes astonishing. I have frequently met with cases where

the os was not larger than a silver half dollar, hard and unyielding—the pains seeming perfectly ineffectual, and other symptoms corresponding, yield to the influence of Belladonna so quickly that but a few pains were required to terminate the labor. The desire to sleep and the inability to do so will often call our attention to it. *Just as the patient is dropping off to sleep, a sort of shock from below upwards wakens them.*

(To be continued.)

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## OPHTHALMIC THERAPEUTICS.

By T. F. ALLEN, M. D.

In a series of articles, of which this is the first, we propose to consider the prominent action of each remedy upon the eye and its clinical application to diseased conditions; then to consider the medicinal treatment of the various diseases affecting the eye and its appendages; and lastly, to recapitulate the two divisions of the subject in the form of an index or condensed repertory.

### ACONITE.

**APPEARANCE.**—*The lids (especially the upper) are swollen, red and hard, with a tight feeling; worse mornings. The conjunctiva is intensely hyperæmic and chemosed, mostly toward the inner canthus. Lachrymation, with local inflammations, is very slight, if any.*

**SENSATIONS.**—*In the lids, dryness, burning, sensitiveness to the air. Pressure in the upper lid as if the whole ball were pushed into the orbit, which causes a bruised pain in the eye; itching and smarting, especially worse in the evening. The eye is generally sensitive, there is general heat and aching, worse on looking down or turning the eyes; feeling as if the eyes were swollen. The ball (especially the upper half) is sensitive if moved, feeling as if it would be forced out of the orbit (relieved on stooping); the ball feels enlarged as if protruding and making the lids tense; vision uncertain; the light flickers; it is difficult to distinguish faces, with anxiety and vertigo; sparks or fog before the eyes. Photophobia.*

**CLINICAL.**—Aconite is found the remedy for inflammations which are very painful, with heat and burning, as well as dryness. Inflammatory conditions, resulting from the irritant action of foreign bodies, as chips of steel or stone, or coal, in the cornea, which produce dry

rubbing of the lid over the ball with injected vessels; also irritation caused by ingrowing lashes. Catarrhal inflammation, first stage prior to exudation; chemosis of the conjunctiva, with pains so terrible that one wishes to die. In acute aggravations of granulated lids and pannus of the cornea, with excessive hyperæmia, heat, and dryness, especially if the aggravation be induced by overheating from violent exercise, or by exposure to dry, cold air. In the earlier stages of violent acute inflammations of the deep structures of the ball, when it becomes sensitive to touch, and feels as if it were protruding (rarely, if ever called for after the exudative stage is reached). In true scleritis, acute stage, with contracted pupils, sticking or tearing pains, photophobia, a blue circle around the cornea, with violent aching in the balls.

The following case illustrates the good effects of Aconite in asthenopia: A middle-aged man was employed to sort railroad tickets, to run through columns of figures, and do other fine work by a dim light; in eight days he began to have a spasmodic closure of the lids and heavy feeling over the eyes, then his eyes would get very hot—"felt as though they could set a match on fire," or as after a lash with a whip. The conjunctiva of the lids was intensely red, with constant winking and closing of the lids, could hardly force them open. The heat was always dry, and temporarily relieved by cloths wet in cold water. Vision normal. Refraction normal. Aconite relieved these symptoms magically, and allowed the man to continue his work (which he was obliged to do) till time enabled him to change his position.

#### ACTEA SPICATA.

Congested conjunctiva, with burning lachrymation. Spots before the vision on looking fixedly. Objects seem to have a blue color.

#### AGARICUS.

*Appearance.*—The lids are half closed; swollen especially towards the inner canthus; TWITCHINGS OF THE LIDS, with contracted fissura palpebrarum, without swelling; TWITCHINGS OF THE BALL, often painful; twitching of the ball while reading (especially the left); very little appearance of inflammatory action.

*Sensations.*—General heaviness and pressure in the eyes, with constant desire to close them; on closing the eyes heat and sensation of weakness, as after night-work; pressure in the eyes with left-sided headache and involuntary twitching of the facial muscles. In

the brows and lids frequent stitches and stinging pains as from needles; generally relieved by scratching or by washing in cold water. Superciliary ridge pains on touch. Severe stitches on lower border of left orbit at the exit of the infra-orbital nerve, with severe twitches in the temporal region. \* Pains run around the brow above and below, starting from the side of the nose, o. (The bitings, itchings, and jerkings about the brow and in the lids are very numerous in the provings.) *In the eyeball* the sensations are mostly pressive and aching; \* *the ball is sensitive to touch*.

*Vision*.—Dim as through a veil, with flickering; flickering on writing, vision vanishes on reading, it even becomes double. Yellow spots on looking at bright objects. Photophobia by lamp-light.

CLINICAL.—Agaricus is of the greatest service in spasmodic affections of the lids and muscles of the balls, especially the internal recti. Chorea-like spasms of the lids, with general heaviness of them, especially if the spasms occur on waking or are relieved transiently by washing in cold water. In the *U. S. Medical and Surgical Journal*, a case is reported of a child  $2\frac{1}{2}$  years old, idiotic in appearance, head top-heavy, strabismus, numerous twitchings, soporous condition, who began, on waking from a quiet sleep, to turn its balls rapidly right and left. Cured by Agaricus.

Cases of muscular asthenopia, with weakness of the internal recti, and consequent inability to keep the eyes fixed on reading (vanishing of sight), with pains around the eyes, soreness of the balls, twitchings and jerkings of the balls and lids, have been cured by this drug. In my private practice, Agaricus has also cured a very interesting case of *anæmia* of the optic nerve, retina and choroid with general tendency to chorea.

A lady suffered from muscular asthenopia, consequent upon uterine disorders and spinal anæmia (the spine was very tender to the touch between the shoulders). She could not fix the eye long, even on distant objects, could not converge the eyes (weak internal recti). She had sudden jerks in the ball itself, twitches of the lids, and at times in other parts of the body; the lids seemed heavy as if stuck together, but were not; she had been given prisms (which of course allowed biocular vision without effort, but was a most short-sighted and childish prescription, since it gave nature no chance of recovering itself), and had been under various forms of local and general treatment. After Agaricus the change was marvellous; within a week the eyes could be fixed on objects at ten feet without conscious effort, the unpleasant sensations had entirely vanished, and the patient was enabled to take up systematic gymnastics for the eye



(initiated by fixing the eyes on a white object while it is moved slowly to the right and left). The eyes have steadily improved, but the old pain returned in the spine, relieved only temporarily by applications of cold water.

#### ALLIUM CEPA.

Lachrymation hot, worse on closing the eyes, with soreness of the ball. Sensation as if something were under the lid which causes a gush of tears to wash it out.

*Clinical.*—Of use in acute catarrhal conjunctivitis associated with a similar condition of the air passages, the lachrymation is not ex-coriating though the nasal discharge is (reverse of euphrasia).

(To be continued.)

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#### CLINICAL CASE.

G. E. TYTLER, M. D., Harlem.

H. W., æt. 12, light complexion, light hair; quick, active disposition when well. Last Fall was troubled with diarrhœa and indigestion; the former was checked at different times by paregoric, etc., and afterward by a prescription from an old school physician, but it soon returned, has been present off and on all winter. Comes on latter part of the afternoon, lasts during the evening or perhaps night; but in either case, is worse again early in the morning; not very fluid, pappy, lumpy, color is generally brown; not offensive; painless, but urgent. At times when he has not diarrhœa is frequently constipated, with no desire for stool. From above report I sent Pulsatilla at one time, Aloes at another; neither seemed to permanently benefit. I then saw the patient (March 1st), and upon questioning him found, in addition to the above symptoms, the following:—Appetite not very good. Sometimes good before a meal, but soon satiated; considerable flatulence, tongue coated white, sleeps middling well, but awhile ago was more restless than now. No pain at any time. His mother says he seems to be without any animation, though when well enters into any sport with all energy.

℞ Lycopod. 30, pulv. xx.; 3 each day.

March 12. Better. Free from diarrhœa. Better digestion. (Continue.)

April 1. His mother says that I have made a new boy of him.

July 28. Has remained well.



## LACTIC ACID.

T. F. ALLEN, M. D.

Miss L.—Relapse of old case of intermittent hysteria. In the morning on waking would find on swallowing that she was nauseated, gradually gets worse till about 9 A.M., when she begins to vomit extraordinary amounts of phlegm, with choking and gagging; the phlegm was tough, and she had to put her finger in her throat to pull it out, or it would strangle her. This would last all day till 7 or 8 P. M.

(Formerly used to get delirious in the evening.)

These attacks recurred with increasing frequency till they came on every day for several successive days.

People talking seemed to be far away. Pupils large and eyes staring. Lactic acid cured promptly.

## PHYSIOLOGICAL ACTION OF WHITE PRECIPITATE.

Amido-Chloride of Mercury ( $\text{Hg Ad (N H}_2\text{), Hg Cl}$ )\*

The action of White Precipitate on animals is that of a powerfully and purely irritant poison. It has proved fatal to the dog, rabbit, and mouse. The symptoms widely differ in the dog and rabbit, on account of the one being an animal that is most susceptible of vomiting, the other an animal that never vomits.

EXPERIMENT I. In the case of the dog, 20 grs. of White Precipitate, mixed with the food, were devoured without the slightest reluctance on the part of the animal, there being no sign of the discovery of the presence of the poison. In a quarter of an hour, violent vomiting was produced, and in two hours the whole of its food, with the White Precipitate, had been ejected, and the animal seemed to have recovered. It drank water, but refused to touch food again. A few hours later, 20 grs. more were mixed with mucilage and injected through a gum-elastic tube into the stomach. Within five minutes most violent vomiting was induced, which lasted about two hours, when the animal appeared to have ejected the poison and to have

\* The white precipitate employed was freed from corrosive sublimate by being digested in ether.

recovered. At first a white mucus was brought up, but afterwards mucus streaked with blood. On the following day 10 grs. were administered in two portions, at an interval of three hours. Upon each occasion the same violent vomiting was instantly induced, and the mucus that was ejected was streaked with blood. Although no more White Precipitate was given, yet the animal refused to eat, grew gradually more feeble, and died five days after the commencement of the observation. On making a post-mortem examination, the stomach was found to contain a small quantity of a dark green viscid fluid, apparently a mixture of bile and blood. The inner surface of the stomach was strewed over with small patches of ulceration. The small intestine was injected a little at its two extremities, but appeared otherwise natural. The cæcum and large intestine also were unnaturally injected, and the glands were prominent and dark-colored, but there was no sign of ulceration.

It is thus evident that White Precipitate acts as a violently-acrid poison when introduced into the stomach. Its effects here were directly and only, to any significant extent, on the stomach; and probably this was the only organ upon which the poison could act, vomiting occurring after each administration, until apparently the whole of it was ejected. The vomiting was of an exceedingly violent character, showing how strongly the surface of the stomach must have been affected. By the repeated administrations that were resorted to, fatal gastritis was induced.

On the rabbit, the effect of a dose of four or five grains is to kill in the course of a few hours. In one instance *five*, and in another *four*, grains were administered to a full-sized rabbit at 5.30 p. m. In each case the animal was found dead, cold, and rigid on the following morning. On examination, the lungs and pleura were found natural. The heart was gorged with dark-colored blood on both sides. The interior of the stomach presented intense redness in patches, and a few dark-colored spots, looking as if blood had been extravasated on the surface. Attached to a large portion of its extent was a white, false-membrane-like layer, which was so firmly adherent that it resisted the action of water in removing it, but could be peeled off in strips with the knife. In this *layer* a few opaquely-white particles were discoverable, which bore the aspect of White Precipitate. Towards the pyloric end of the stomach there was a clear, gelatinous material separating the viscus from the food. The intestinal canal, except at its upper part, looking here and there a little preternaturally vascular, presented an ordinary appearance throughout.

In smaller doses the administration of White Precipitate may be persisted in for several days, but it ultimately kills from the effects of inflammation of the alimentary tract, and there is at the same time a most peculiar condition of the kidney produced.

\* \* \* \* \*

From the post-mortem appearances by these rabbits, it appears that the poison, in repeated doses, produces inflammation of the alimentary tract, not throughout, however, but only of certain parts of it, and the *cæcum* more than any other. The following is a *résumé* of the appearances observed :

Lungs congested and solidified in places.

Heart, both sides full of dark, coagulated blood.

Stomach, spots of ulceration in two cases, no decided ulceration in the other two. Patches of preternatural vascularity, and a false-membrane-like layer adherent to portions of the surface. In one case blood had evidently exuded from an ulcerated spot.

Small intestine, natural throughout, with the exception of a little undue injection here and there.

Cæcum strewed with patches of ulceration, surface rough and granular, as if from the exudation of inflammatory material. In one of the rabbits the contents were plum-colored from the escape of blood. Signs of inflammation were also observed in the peritoneal aspect, shreds of easily detached lymph being seen.

Large intestine ulcerated, and unnaturally injected at its commencement, but natural in appearance elsewhere.

Kidneys in each case more or less affected, in the following manner : They appeared of very large size. In one the two kidneys weighed 349 grains, and in another 326 grains. (The weight of the two kidneys of a similar sized healthy rabbit was taken for comparison, and found to be 180 grains). The surface was highly speckled. The capsule easily peeled off, leaving a hard, rough surface underneath in the more advanced specimens. The medullary part presented nothing unusual in character, but the cortical part was highly striated, consisting, when examined closely, of a number of white columns imbedded in the fleshy texture of the organ, and running from the medullary part towards the surface. These white columns, reaching the surface, occasioned the speckled aspect that has been referred to. Examined microscopically, the uriniferous tubes were displayed, filled with a dark, granular matter. As thin a section as possible was made, and the white columns were shown to consist of plugged-up tubules.

The first idea that occurred on seeing the microscopic appearance

was, that the deposit in the tubules consisted of an albuminous material; but this was proved not to be the case. The deposit is of an earthy character and composed principally of the phosphate of lime. The Malpighian bodies seemed entirely to have escaped implication. Each one was seen perfectly free from any dark accumulation.

The urine of three of the rabbits was examined a short time before death took place. There was no albumen to be discovered in either specimen.

Chemical examination showed that the kidneys are the chief receptacle of the poison, the liver containing a trace, and the heart none.—*F. W. Pavy, M. D., Guy's Hosp. Reports, Series 3, Vol. VI, p. 505.*

[In a subsequent number we shall publish some poisonings of the human subject with this agent. If we may judge from its action on animals, this remedy should do well in *typhlitis*. The kidney condition is an anomaly. Crystals of oxalate of lime have been found in the tubuli uriniferi of man; crystals of uric in the kidneys of ophidians, and of sheep, but we believe this is the first recorded instance of the amorphous phosphate of lime in such a location.

S. A. J.]



#### AN INVOLUNTARY PROVING OF IODINE.

An experimental chemist had been occupied for several hours on each of two successive days in laboratory work, in the course of which the fumes of iodine and hydriodic acid were constantly being evolved from a retort, so that the atmosphere of the room had become gradually impregnated with them. On the evening of the second day his eyes felt sore, and the secretion of tears was increased in quantity. These symptoms became more marked during the night, and the next morning the eyelids on the cutaneous and mucous aspects, were much swollen, very red and painful, and lachrymation was profuse. Exposure of the eyeballs to light produced intolerable smarting, so that the patient was obliged to sit in a darkened room. Movement of or pressure on the eyeballs greatly increased the pain. At the same time there was a most profuse "watering" from the nose, the secretion literally running from it. There was occasional frontal pain, increased on exposure to light, but no salivation or soreness of the gums. Beyond a feeling of depression, no constitutional symptoms

existed ; the tongue was clean, pulse quiet, appetite good. Towards evening, the irritation of and discharge from the nose and eyes were greatly relieved, and the next morning they had entirely disappeared. No medicine of any kind was taken.

Writers on therapeutics have long been familiar with a class of symptoms occasionally produced by the administration, internally, of iodine and its chief medicinal compound, the iodide of potassium. Dr. Christison (*Poisons*, p. 202) states that the most remarkable idiosyncratic effects are such as imitate, sometimes, catarrh, at others cold in the head; and again, at p. 197, that during a course of iodine, chronic irritation of the Schneiderian mucous membrane is apt to be occasioned. Various cases have been published by Erichsen, Lawrie, and others, which show that, in persons constitutionally predisposed, a few grains taken internally have produced great irritation of and discharge from the nasal and conjunctival mucous membranes. In the present case, symptoms of a similar kind were produced by the stimulating action of the vapor, diffused throughout the atmosphere, on the membrane itself. The action was local, not constitutional, for on testing the air expired from the lungs, by passing it through a cold solution of starch, no blue color was produced, which would seem to prove that the iodine had not been absorbed into the system.—*William Turner, M. B. F. R. S. E.*, *ST. BARTHOLOMEW'S HOSPITAL REPORTS*, VOL. II, p. 63.

[To the student, we recommend a careful reading of Dr. Wilcox's paper: *Observations on the Curative and Noxious Effects of Iodine*. *Annals of the British Homœopathic Society*, Vol. I, p. 273.

MEDICAL RESEARCHES ON THE EFFECTS OF IODINE in *Bronchocele, Paralysis, Chorea, Scrofula, Fistula Lachrymalis, Deafness, Dysphagia, White Swelling, and Distortion of the Spine*. By *Alexander Manson, M. D.*, London, 1825. This mine might be worked to advantage despite the "extras" thrown in with the iodine.—*S. A. J.*]

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#### MEDICAL CLINIC AT THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

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By PROF. S. LILLIENTHAL.

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M. N., 36 years old, plasterer, lived a checkered life; ten or twelve years ago suffered in Illinois from intermittent fever, which, after a while, passed off spontaneously; some time afterwards he was taken down with a typhoid fever which chained him to the bed for seven

weeks, but as no physician was near, he took no regular prescriptions nor much medicine of any sort. He acknowledges some youthful indiscretion, and the spectre of spermatorrhœa still follows him wherever he goes. Though he recovered from the typhus, he never was the same man since. He could not perform the same amount of work, feels easily tired, and becomes steadily more and more nervous. For the last few years he is constantly obliged to take cathartics to keep his bowels open or else they do not move in a week, and when he has a stool, he feels hardly strength enough to expel the fœces. With the stools there is also always some white gluey matter discharged per urethram, which he considers a proof of seminal losses. When urinating he has to strain a great while before he is able to discharge the contents of the bladder. For the last few years new symptoms appeared which rather frightened him. He cannot go in any crowded assembly, as in church or in company, especially when many gaslights are burning, without becoming dizzy and faint, with a dull heavy headache from the vertex to the forehead; sparks and motes are before his eyes, a buzzing in his ears, and he feels only relieved when reaching the fresh air. In walking the streets he feels obliged to keep close to the houses, as he is easily becoming giddy in the middle of the street, and he feels more assurance in himself when able to take hold of the railings. Appetite is poor, and food lies heavily on his stomach; he is, therefore, careful of his diet. Not much thirst.

The disease of which our patient suffers is called *Agoraphobia*, place-fear, a symptom of paresis from exhaustion. In Europe it is more frequently found in males, but in our country we also find females affected with it, especially girls who are obliged to earn their living by the tread-mill work of a sewing-machine. In all cases exhausting influences (malaria in our case) preceded the place-anguish, either mental or bodily over-exertions, debilitating diseases, excesses or chronic gastric ailments. It is a curious symptom, that in many cases, as in the case before us, cold air gives momentary relief.

Westphal and Cordes have written monographs on this disease, and both these distinguished physicians consider it curable, only success is slow, and it needs the utmost patience from physician and patient. Hydro-therapeutics and electricity are recommended by both authors. "Tolle causam" is with us a strong indication, although some of our ablest physicians sneer at it, considering it as leaning too much towards old school practice. But certainly, among the totality of symptoms, the cause of the disease must be important. We

look here at the miasma, and begin, therefore, with Nux-vomica 1000, a dose for three nights, to be followed by Sach. lact. till we see him again, most probably to be followed by Cinchona 1000 and some more placebos. According to the experience of many physicians, both these remedies have great anti-miasmatic powers, and they also cover many symptoms of his present state. We find under Nux-vomica, excessive sensitiveness to external influences, such as bright light and noise, headache excited by mental labor, pressing from within outwards, self-abuse, want of appetite, inactivity of the bowels and constipation, sleep full of disagreeable dreams from which the patient wakes more weary than he was on lying down. *Hayes* ("Applied Homœopathy," p. 125) remarks with great force, that the characteristic of Nux-vomica in nervous disorders is a depressed state of the nervous system, and that he saw only benefit in affections of the spinal nerves, where the primary source of irritation occurred in the alimentary canal, and the brain or spinal cord became only secondarily affected. The same nervous depression we see also predominant in the intermittens of neuralgia. From faulty or languishing innervation, digestion languishes, and we find, therefore, even during the apyrexia, derangement of the digestive organs with neuralgic pains; the paroxysm itself is an irregular one, with great debility from the commencement, and the stages do not run a regular course.

The same symptoms you find nearly in Cinchona, where you also meet with impaired digestive force during the apyrexia, and the severe hold of the malaria shows itself by the sallowness of the face. But it differs from Nux, inasmuch as in Cinchona the stages are distinctly marked and the paroxysm of long continuance. General debility, excessive sensitiveness of the nervous system to physical impressions, are also symptoms belonging to the Peruvian bark.

Mary T., 44 years old, a delicate nervous woman, subject to hysteria and to repeated attacks of sore throat with loss of voice, caught cold by getting her feet wet when going home from a concert, and on account of company at home, was unable to change her clothing. She took Acon. and Bell. during the following day without any relief. She complains now of a short hacking cough, nearly perfect aphonia, obtusion of the head, flat taste, with dryness of the tongue. Again we take "*tolle causam*," for our guide in the selection of the remedy, especially as *Dulcamara* covers also, all the other symptoms, but we prefer, on account of the throat symptom, the alkaloid "*Solanina*," of which we would advise her to put a powder of the sixth dilution in a glass of water, and take a spoonful every four hours.



(She took only a few doses, when her voice returned and the other symptoms were alleviated; but the dose being too low for such a sensitive person, severe frontal neuralgia followed, which was removed by a few doses of Bell. 2c.)

*Schroff* experimented with *Solanum* and found that small doses (0.03—0.06) produce a sour or salty taste, a scratching sensation from the mouth to the stomach; increased sensitiveness of the skin, and titillation; yawning, sleepiness, and stupefaction; light tonic spasms in the lower extremities; increased frequency of the pulse. Large doses (0.1—0.2) cause a frequent, small, and suppressible pulse; sensation of oppression, respiration slow and difficult; great nausea, even to vomiting; gurgling in abdomen; great debility and sleepiness; head painful and dull; head dry, with itching; restless sleep; urination and defecation unchanged. Large toxic doses produced diarrhoea, trembling, convulsions, and sopor. Doses of 0.6—0.1 given to cats caused vomiting, considerable increase of respiration and pulse, followed by a parietic debility of the lower extremities; sometimes the legs are stretched and stiff; finally death with a frequent, filiform pulse, sometimes with convulsions. *Clarus* found post mortem Hyperæmia of the corticalis of the kidneys. (Nothnagel *Materia Med.*, p. 68.)

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#### TRANSLATIONS.

By S. LILIENTHAL, M. D.

PLEURITIS EXUDATIVA AND COLLODION.—Six or eight physicians had pronounced Mrs. R. to be suffering from phthisis in the third stage, with a large cavity at the right apex. Dr. Crocq, of Brussels, confirmed their diagnosis, and declared that all treatment was useless, and it was best to let the patient die peaceably.

After several examinations, I failed to confirm their diagnosis, as I could find only an encysted purulent pleurisy, probably multilocular. Their cavernous sound was to me only the ægophony of pleurisy, and the so-called cavernous rales the very thing which we hear in dilated bronchi. Two punctures made with the assistance of Dr. Martiny, gave exit to large quantities of a creamy, odorless fluid.

For two months our treatment was *Sepia*, several times repeated, which checked the chills and produced gradual amelioration. An intercurrent dry and frequent cough now set in, probably due to a new recrudescence inflammation with high fever. *Aconite* and *Bryonia*



failed to give relief, and I therefore covered the whole affected right side with several layers of *Collodion*, continuing the internal treatment in higher potencies. The cough soon ceased, and two weeks afterwards she assured me that her cough had entirely stopped. The chest is still sunken, but the respiration is good, and she is able to take long walks without becoming tired.—*Dr. Jules Gaudy.*

**MUSCULAR RHEUMATISM.**—1. M. D., 45 years old. For the last three weeks deprived of all sleep on account of a severe pain in the muscles of the right shoulder, shooting down to the hand; *the pain was especially severe during the night.* Passive motion of walking gave slight amelioration. The heat of the stove also felt agreeable, although the heat of the bed was unbearable, and he felt obliged to get up. Touch or pressure did not aggravate the pain, nor raising the arm in a vertical position. Merc., Cham., Rhus, failed to give relief; *Aconite* eased immediately and cured the case in two days.

2. Another patient, of the same age and bilious temperament, consulted me about rheumatism of both shoulders, especially of the right one; worse at night. The pain prevented him from doing any serious labor, but did not increase by the *motion of raising the arm.* This latter symptom excludes *Bryonia*, but Rhus, Merc., Cham., Bellad. indicated by other symptoms, failed to give relief, and *Aconite* was again the simile which cured. *Rheumatic pains with nocturnal aggravations*, not improving by motion of the affected parts (Rhus, Dulc., Con., Lyc., Coloc., Puls.), but which, also, are not aggravated by the same medicine, nor by Bry., Nux v., Merc., Cham., may find a characteristic remedy in *Aconite*.

3. A third patient, obliged to work mentally and bodily all the time, and frequently suffering from rheumatic attacks, was again laid up with very painful rheumatism of the right arm. *The affected part feels tired*, stitches shoot from the shoulder to the elbow; less intensely, even to the hands, with *torpor and paralytic feebleness; motion impossible*; no respite either by day or night. Bry. and Merc. give some relief; Cham. fails entirely; Nux v. did well in former attacks, as it corresponds to his temperament and habits; but it was *Dulcamara* which gave him this time the most relief.

4. M. X., baker, of a soft and lymphatic temperament. The constant change of heat and cold, the suppression of the perspiration inherent to his trade, render him liable to frequent attacks of rheumatism. The pains commonly extend from the shoulder to the fingers, sometimes with severe shooting. Motion and pressure do

not increase the pain (*Acon.*); *Bell.* and *Dulc.*, alternately given, have always promptly relieved this patient.

5. Mrs. X., 45 years ; nervous ; a colored woman. For the last 2 or 3 years light rheumatic pains in the shoulder when dressing in the morning, preventing motion. *Causticum* cured.

6. Farmer, 50 years old, dark complexion, and well formed, suffers from periodical tearing pains of the sciatic nerve ; worse at night, when he becomes restless and cannot sleep. During the day the affected parts feel benumbed ; still he is able to do light work. *Lyc.* and *Bell.*, 15 globules of each in alternate doses of solutions, brought him more relief than all the allopathic remedies he ever took.

7. M. X., 50, lean, nervous, lively, is for the last four weeks tormented with atrocious pains and over-exertion of the nervous system, great impatience, sleeplessness. The pains are burning, constant, more severe at the ischiatic tuberosities when the patient is seated, and on the great trochanters of both sides, and radiate towards the popliteal cavity. When he suddenly rises the pain ceases in the sciatic nerves, and attacks the anterior parts of the thighs in the course of the crural nerves. *Merc.* and *Bell.* alternately relieved him somewhat, so that he could sleep an hour or two. The following day the pains attacked the upper parts ; but *Bry.* and *Puls.* failed. The extreme impressionability of the patient, his impatience and rage over his cruel suffering, led me to *Cham.*, which really cured him in a very short time.

8. M. G., manufacturer, 30 years old, fat, lymphatic, suffered for the last four weeks from stitching pains in the thighs and legs, with nocturnal exacerbations. He could not rest in bed, and to relieve his sufferings walked the room the whole night. *Bell.* and *Merc.* failed ; *Cham.* relieves for a few hours. Patient declares that his disease is deeply seated in the bone (*Calcar*). I gave *Calc.-carb.* and *Colocynth* <sup>30</sup>, of each 15 globules in a glass of water, to take it alternately during the day. In 24 hours he felt well, and remained well.—*Dr. Van den Neuker à Harlebake (Bibliothèque française, Nov., 1873.)*

# The New York Journal of Homœopathy.

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## PARTING WORDS.

This month ends a College gestation, and the happy "delivery" of a lusty progeny of young doctors suggests the saying of a word to the newly-born M. Ds.

*Doctors*.—Do you imagine that the quizzing "Prof.," whose sole end and aim seemed to be the shooting of interrogation points at the perspiring victims on the front rows of seats, will now forget you in the new delight of "going for" that undergraduate-and-as-it-were-intra-uterine brood which the law of sequences will soon put in your places? If you have held this idle conceit, dismiss it, for it is a grand mistake. You need only consult the fifth volume of *St. Bartholomew's Hospital Reports* to get speedily rid of this "notion," for in it no less a "Prof." than Sir James Paget has a paper entitled *What Becomes of Medical Students?* Read it, and learn that your career possesses an interest for your teachers second only to that which it has for yourselves.

Depend upon it, the very "Prof." who "went for" you so pertinaciously while you perched upon the quiz-bench, is still cut from the whole cloth after Terence's *homo-sum* pattern, and his very bowels yearned for you when you evinced a somewhat dicrotic pulse in the *green room*. He, too, had been *there*; and when you came in with that *Veratrum* sweat *all over you*, he leapt the gulf of years, and in recollection, sweat with you! But this same "Prof." well knows that from the *green room* the graduate goes to the stage, and when he remembers *his* world-experience, take my word for it, his heart is quick to give you a fervent (though silent) benediction.

If you have read Medical Biography, you have learned how brusque and sledge-hammery was the famous surgeon Abernethy; yet see what Sir James Paget writes of him in the opening paragraph of the paper mentioned:

"It is said that, on entering the anatomical theatre for one of his Introductory Lectures, Mr. Abernethy looked round at the crowd of pupils, and exclaimed, as if with painful doubt, 'God help you all! What will become of you?'" \*

If even an Abernethy felt the force of such a problem, how must it come home to those whose natures have been cast in a tenderer mould?

In concluding his paper, the *data* of which are derived from special information concerning the career of 1,000 graduates, Sir James writes:

"Of course, in watching and reflecting on the careers of my pupils, I have come to some strong beliefs on subjects of medical education; but this is not the place for publishing them. Only one I will set down, which may be of use to future pupils, and is justified by some hundreds of personal recollections. In remembering those with whom I was year after year associated, and whom it was my duty to study, nothing appears more certain than that the personal character, the very nature, the will, of each student had far greater force in determining his career than any helps or hindrances whatever. All my recollections would lead me to tell that every student may draw from his daily life a very likely forecast of his life in practice, for it will depend on himself a hundredfold more than on circumstances. The time and the place, the work to be done, and its responsibilities, will change; but the man will be the same, except in so far as he may change himself."

O Doctores, ponder this well; ponder it, each of you, at least until the ink has fairly dried on the diploma which proclaims you *legally* an M. D.

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\* St. Bartholomew's Hosp. Reports, vol. v., p. 238.

Your success will be an honor to your Alma Mater ; your failure can not disgrace *her* ; she has done her duty *to you* ; now go forth and show the world that the good seed has not fallen in stony places. In your going forth, remember one thing, namely, your Alma Mater will be the best, because the *truest*, judge of your success. She will not make that mistake which the world too often makes, to wit : measure you with a yardstick instead of an Æsculapian staff ; or, in plainer English, she will never estimate a *physician* by a tradesman's standard, the bank account. The greatest physician who ever walked the world left *the care of the bag* to a Judas.

Do not start, then, with a false conception of "success." Of all the pitiful things seen by sunlight, moonlight, or even the faintest star-twinkling, the chiefest is a physician whose supremest endeavor is to get patients rather than to cure them. That even such there be, the stars of heaven can testify.

Do not commit that other mistake of making Ah Sin your pattern. He *had* the "smile that was childlike and bland ;" but with it were "the ways that are dark, and the tricks that are vain : " a twinship more hopelessly inseparable than that of Chang and Eng.

Start with the simple purpose of doing right just so far and so fully as God enables you to see the right. "On this line" there is but one end to the fight, and you can tell when you have reached the end by finding a palm branch in your hand !

From the very hour when you nail up your tin sign, you will be ceaselessly tempted by the most mellifluous of devil-logic to swerve from the simple line of right. Then bear in mind your physiology, and recollect that *exercise develops*, and say *no* from the very first, and keep on saying *no*, and see if it isn't true that every time you say *no* to the tempter makes it easier to say *no* the next time.

One of your temptations (and it is astonishing how often this will turn up) will come in the shape of sundry inducements to *not* say three monosyllables : I DON'T KNOW. If you flinch at this hurdle, if you can't leap it in triumph, you will never win an *honest* race in time or in eternity. The occasions for these pride-humbling monosyllables come to all ; from the very complexity of his problems, they come with especial frequency to the physician, and the most marked difference ever found between a physician and a charlatan is that the former can ever speak out these words, while the latter forever swallows them. ["*Forever ?*" Dear me, I'm wrong there. "*Forever*," so long as Time is to him ; when Time is not to him, all these filthy swallowings will be disgorged, even as a dying unclean bird spews the carrion on which it fed.]

As "Homœopaths" you will be subjected to one especial tempta-

tion—would that any poor words of mine could strengthen you for these trials—I mean that you will often be tempted to *not* make an honest prescription. What is an honest prescription? Simply and only the *best* that *you may do*. Mark the word, for I use the subjunctive designedly, and write it plainly *may do*. You *may* have the knowledge necessary for this “in your head.” If not, what then? You *may* find it in the *Materia Medica*.

Solong as Hahnemann visited patients in Paris his servant carried with the master a green bag containing the nine volumes of his *Materia Medica*, and at the bedside *with them* he made such a prescription as his conscience demanded of him. If simple right demanded this of him, what “better way” is open for us? Every powder of *Sacch. Lac* given at such a time, in lieu of the remedy, is a nail in the coffin of simple right.

“Consult a book at the bedside! What would the patient and the relatives think of that?” I can not see the face of the questioner, but depend upon it *it is the voice of—Ah Sin!*

Somehow we learn by contrasts here—light by darkness, pleasure by pain, health by disease. What could Hahnemann learn by the contrast between the pittance which did not wholly supply him and his little ones (and one of them a dying invalid) with black bread, and that magnificent income made in Paris when carriages crowded the street, and patients waited four hours for an interview? Could it have been that even *here* a steadfast devotion to simple right will bring its reward? In the days when he could get only black bread he had turned his back on a system of medicine which, had he stifled conscience and followed, would have given him more than bread. He ate the black bread of poverty while he was in the darkness, before Truth had revealed herself to him. Having seen her face, could he have refused the black bread had he been asked to take it for her sake? Who will accuse him of being coward enough to do this? May I ask, then, if we who are *in the light* can refuse to do for simple right that which our dead Teacher so sublimely did when he was heart-sick in the darkness.

O young doctor, can you say, like another Luther, “Here I take my stand; I can do no less. God help me!” If so, then is your success already written by even the hand which framed the universe.\*

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\* I am sorely afraid that the prevailing *sentiment* of these parting words will be deemed rather obsolete. However old-fashioned, or even “odd,” it may seem, I am very confident history will show that, as a simple investment to live by, it always has paid the largest dividends, and when it comes to dying, I have yet to learn of one whom it has bankrupted. This by way of explanation, not apology.

## OUR THREE COMMENCEMENTS.

The Commencement exercises of the New York Homœopathic Medical College were held at Association Hall on Thursday evening, the 5th of March. The room and galleries were well filled, and the ceremonies were conducted with a precision and regularity which always give pleasure to an audience. The "drag" which is too often seen on occasions of this character, was wanting, and the quietness that reigned through the assemblage, together with the interest manifested in all the proceedings, were plain indications that the audience were satisfied.

We desire here to call especial attention to the music on this occasion, which, both in its selection and performance, was far above the ordinary. Rietzel's flute solo, and Wiebraugh's arrangement of Schubert's most beautiful and pathetic *Adieu*, were charming in every respect, and added greatly to the comfort of the evening. We say "comfort," for there is often a most remarkable degree of discomfort at Commencement exercises, and we often wonder at the numbers of people who "turn out" to be present at such ceremonies. We on the stage, anxious for the success of the College; the students in the foremost benches, happy in the termination of the session and the attainment of their prizes and diplomas; and their and our particular friends among the audience, are the parties who are interested in such proceedings, and these will sit through to "the bitter end," no matter what may happen. But there are many others who have no such especial interest as we have mentioned; and to these, good music, good valedictories, dignified presentation of diplomas, no long-winded speeches, no wide and vacant pauses in the ceremonies, a short prayer, and shorter benediction, are the essentials requisite to a pleasant evening. These we had at the Commencement of the New York Homœopathic Medical College.

The Rev. Dr. Ludlow opened the exercises with an appropriate prayer, after which followed the report of the Registrar, Prof. Dowling, which showed the increasing prosperity of the College. In the year 1871—the first session after the reorganization of the institution—the students numbered fifty; at this time the number has reached one hundred and five, being the largest class ever gathered within the walls of the College.

In passing in review the progress of Homœopathy in New York, Dr. Dowling made allusion to the Surgical Hospital, showing what exertions have been made to secure an eligible position; and, as questions are often asked regarding the present status of this insti-



tution, we give here the information imparted by Dr. Dowling (who is also the general superintendent of the hospital), in his own words :

"While on this subject it will, perhaps, be well for me to answer a question sometimes put: 'Doctor, what has become of your Surgical Hospital?—of the \$35,000 raised at the grand Homœopathic Fair?' In my last report I informed the audience that we had purchased an elegant building delightfully located, and that before the beginning of another session we would be actively at work.

"That building was located at 26 Gramercy Park. We, as trustees, were delighted with it—our active and energetic ladies were delighted with it—but our neighbors, many of whom were among the oldest and most aristocratic of our citizens, looked upon us as interlopers,—said they did not want us there; that surgical diseases sometimes developed contagion, and that flies had been known to carry contagion into neighboring houses, and scores of old school physicians testified that flies were sometimes guilty of such indiscretions. We offered to have an injunction issued against the flies, but they preferred to '*injunct*' us; and, as a compromise, we concluded, if we could not live together in peace, it were better that we should not live together at all; and we exchanged our property for what we considered the most eligible site for a hospital in the city of New York, corner of 37th street and Lexington avenue; again, we and our ladies were happy; but again were we doomed to disappointment—our neighbors here did not love us or our institution, any better than did our Gramercy Park friends; they also had heard about those wicked flies, and told us we must stay away; our ladies, with true woman's pluck, were in favor of remaining, but we concluded that for hygienic reasons we would move further up town, and are now busy looking for a locality where there are no neighbors and no flies.

"Our money (the original amount) is in the hands of Mr. Alfred McKay, our worthy treasurer. On the interest of it, we have furnished apartments in connection with the College, and have, through its agency, been enabled to administer to scores of sufferers who required surgical operations and treatment."

This address was listened to with marked attention, after which the degrees were conferred by Mr. Dwight, in the absence of the President, Hon. S. H. Wales.

The valedictory address on the part of the graduating class was pronounced by C. S. Kingsbury, M. D., and was one of the best of the kind we have ever heard. It elicited general applause. Its merit consisted in the absence of those "gushing" sentiments that, stereotyped throughout all ages, have become the common property of valedictorians, and the lack of those traditional expressions which tend to convey the idea "that we meet no more," etc.

The Professor of Medical Jurisprudence, R. H. Lyons, Esq., gave a sound address to the graduates, after which the prizes were conferred.

The Lilienthal prize, which was an elegant medicine case, and

awarded for the best clinical reports, was conferred upon Will. E. Rounds.

The Dr. also presented a second prize to Thom. Wildes.

With some very appropriate remarks, Dr. T. F. Allen presented his gold medal prize to Louis B. Couch, for the proving of Picric Acid. This essay will be presented to the profession in full at some future time. Dr. Henry D. Paine conferred the prize of Dr. G. S. Allan, Prof. of Histology, upon Mr. Beach, and Dr. Helmuth awarded his prize—a silver medal, rimmed and ornamented with gold—upon Robt. M. Stone, for the best written account of the surgical clinics of the winter.

The Secretary of the College, Dr. F. S. Bradford, then presented the certificates of successful examination to the members of the Junior class, and the benediction was given by the Rev. Fred. Oertel, one of the Junior students.

A rather novel incident marked this Commencement. During the session, the students had frequently sung in chorus a song, which in the plenitude of their power they christened "Vive la Medicine." It was suggested by the Registrar that these gentlemen be requested to sing the old College strain before parting, and thereupon the entire class mounted the platform and gave the people "a taste of their quality" as musicians. After the exercises in Association Hall, a sumptuous supper was served at the Hotel Brunswick, and toasts, speeches, stories and songs sent the hours along on pleasant wings. Early on Friday morning we went to bed. This Commencement was a success—a complete success.

#### COMMENCEMENT OF THE HAHNEMANNIAN INSTITUTE.

Hahnemannian Institutes are acknowledged powers among the students of Homœopathic medical colleges. We believe the first institution of this kind emanated from the old Homœopathic Medical College of Pennsylvania, about the year 1852. This organization received the title of the "Williamsonian Institute," in honor of the late Walter Williamson, M. D., who was then the Professor of Obstetrics. At the request of Dr. Williamson (and we have ever thought that the request came in consequence of the action of certain others of the Faculty who supposed too much popularity would be obtained by the title), the name "Hahnemannian" was substituted, and since that period, in every Homœopathic medical college in the country, the Hahnemannian Institute is, as we have said, a power. There is no need in this place to explain the nature, scope, usefulness, or sociability of these class formations. They have been too long before

the notice of the school to demand any such writing, but we must call attention to the fact, that at the Commencement of the Hahnemannian Institute of the New York College, the names that were announced as lecturers were startling.

What had these young men done, to call out the honored and retired poets of the nation, and the scholar of our school? No wonder the spacious amphitheatre of the College was crowded to overflowing, when WILLIAM CULLEN BRYANT and CARROLL DUNHAM were to appear before the audience.

It spoke well for the interest shown to Homœopathy, and of the great good-will to our College, when the poet, white with the silver hairs of eighty winters, who had retired from the active pursuits of life, thus gratified and encouraged the *young men* about to start on the perilous walks of professional life, by honoring *their* entertainment by his presence—a presence sought after in vain by many older and more celebrated societies.

As he stood before us—as we looked into his open countenance, we could not but remember that beautiful prescription of his, for that condition which we all have felt :

“ When thoughts  
Of the last bitter hour come like a blight  
Over thy spirit, and sad images  
Of the stern agony, and shroud and pall,  
And breathless darkness, and the narrow house,  
Make thee to shudder and grow sick at heart.”

Then hear the words and ponder them :—

“ Go forth into the open sky and list  
To nature's teachings, while from all around—  
Earth, and her waters, and the depths of air—  
Comes a still voice.”

In the course of his remarks, he dwelt upon an attack made upon Homœopathy many years ago by another poet, whom he did not name, but was easily recognized as Oliver Wendell Holmes, who compared Homœopathy with the tar-water of Bishop Berkley and the metallic tractors of Perkins, and predicted then the utter downfall of the system of Hahnemann. A reference made by the speaker to the splendid building in which he then stood, the Ophthalmic Hospital, the class, and the progress of Homœopathy in this city, were all that were necessary to refute such puerile prophecies.

If we remember aright, Charles Neidhard, M. D., some twenty-three years ago, replied in a pamphlet to the “Homœopathic Delusions” of Dr. Holmes.

Carroll Dunham again before the class! How they gloried in his presence, and what a lecture he gave them; how he warned them from the shoals and quicksands of their voyage of life; and how he instructed them in the ethics of homœopathic medicine, and the *proper liberality of spirit*.

We hope to have his words, as they were spoken, to lay before our readers.

During the exercises there were several most excellent vocal productions given by members of the class, and the degrees were conferred in the Latin by the President, E. E. Case.

#### COMMENCEMENT OF THE OPHTHALMIC HOSPITAL.

The Homœopathic profession—at least, so it appears to us—does not sufficiently appreciate the N. Y. Ophthalmic Hospital. A splendid building, in the most central portion of the city; built upon approved plans of hospital architecture, with fine accommodation for in-patients; a most commodious dispensary, where from seventy-five to one hundred patients are daily treated; with dark rooms for ophthalmic, aural, and laryngoscopic examinations; a commencing library, and especially an income of twelve thousand dollars a year, all of which is annually expended for the good of the institution, are certainly items of which we should be proud. Nor is this all. We, as Homœopaths, must remember that this institution was formerly under the control of the "Regulars," and that when it came into the hands, of the Homœopaths the building was of wood, two stories high, and of very limited capacity. It has been solely from the efficient action of the Board of Trustees, *and the success of the treatment adopted by the distinguished surgeons in charge*, that to-day we have such a monument to the success of Homœopathy.

The College apartments being within this building, offer inducements to all students which cannot be surpassed, and to those who desire to make Ophthalmology or Otology special subjects of study, the course of instruction of the Ophthalmic Hospital, with the splendid clinical advantages that are so easily accessible, cannot be over-estimated.

It was the Annual Commencement exercises of this institution which took place on Friday evening, March the 6th, at 8 o'clock, in the Ophthalmic Hospital Building. The rooms were crowded to overflowing. After an opening prayer, Thos. C. Smith, the energetic and efficient President, gave an excellent address, alluding to the success of the institution and the increased number of patients

treated. He referred to the munificent donation of Miss Emma Keep, and to the skill and attainments of the surgeons in charge. He then conferred the degrees upon the graduates, among whom was Miss Clara C. Plimpton, who, we believe, is the first of her sex who has graduated in this specialty in the world. Dr. Allen then gave a lucid lecture on "The Ophthalmoscope and its Revelations." He began (holding his model in his hand) by explaining the anatomy of the eye, the position and expansion of the optic nerve, the relations of the choroid, and, after having given a general idea of the laws of refraction and accommodation, exhibited upon the screen, by means of the oxy-hydrogen light (the megascope), varied morbid appearances, as revealed by the ophthalmoscope. This was followed by music and some appropriate words "on the eyes" by Rev. Charles F. Deems, who was very happy in many of his expressions. After these exercises the company proceeded to the dining-rooms, where their stomachs as well as their eyes were gratified.

So ended our three Commencements! and of all we have just reason to be very proud.

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#### EDITOR'S TABLE.

I have noticed (I say *I* because there are four of *us* in our "*we*," *Bill*, *Tim*, and two *Sams*, and not one of us cares about being too severely *mixed*,—in fact, a quadruple unit is such a strain upon the Ego, that a fellow must say *I* once in a while to preserve a consciousness, of his own oneness; we are also *married men*, and if we forgot our own individuality, what would—go to, who wouldn't say and write *I*!) Let us begin again: I have noticed that, when doctors get away from home, on the furlough of attending a Society-session, for instance, they are as jolly as an undertaker on the "home stretch" from a funeral. When I recollect the good fellows whom I lately met at the N. Y. Hom. Med. Society—Fisk and Searle, of Brooklyn, Minor, Guernsey, Allen, and Kellogg (that ardent disciple of Father Matthew), of New York, Brown, of Binghampton (the festive Brown whose head is as level as the bubble in a first-class theodolite), and the two hundred and odd other good fellows whom Jones, of Albany (for super-good fellows commend me to the Joneses!) gathered in his spacious parlors, and stuffed with chicken-salad and stimulated with highly exciting lemonade (Kellogg says *he* got a Roman punch by accident, began eating, and was too polite to stop, you know)—well, "which I wish to remark" is, that you may talk all you like, but I *know* these men can and will recognize the eternal fitness of an Editor's

TABLE in even a medical journal. Brethren and sisters (for the dear creatures "go for" a diploma nowadays, as naturally as a duckling makes for a mud-puddle), there are *two* sides to one's face; let us give one, as indeed we must, to life's trials and tears, but do let us keep the other side for the sunshine of hearty and honest laughter. The man or the woman who can't laugh is worse than a hyena, for even they have that prerogative, and sense enough to enjoy it.

Consider for a moment, if you had to scratch gravel for "copy," with a stolid, pertinacious, and unsympathizing "devil" dogging your heels (a disagreeably suggestive type, mayhap!), how you would enjoy, just *once* a month, going on the rampage!

Well, here is our Editor's Table, our altar whereat we shall offer sacrifice to the Lares and Penates of the NEW YORK JOURNAL OF HOM-  
EOPATHY.

As I wish to "state but the facts," I regret to be unable to say that the said table has a pyramid of tobacco rising gracefully from its centre, a small arsenal of pipes behind the pyramid, and somewhere in a friendly drawer a "tappit hen," as dear Mr. Cupples, in Mac-Donald's *Alec Forbes*, calls it. To be sure, I wouldn't cause my brother to offend; and when the editor of the *Hahnemannian* dropped in (as he's sure to do when he knows I'm here), I'd get 'em out of sight in a jiffy; but nevertheless, they are "conspicuous by their absence," and, if a fellow must tell the truth—I miss them.

I am, however, "sustained and soothed by an unfaltering trust," as Mr. Bryant has pleasantly remarked—for when did editing a medical journal fail to make a fortune for the lucky editor—will he nill, he it pitches him into the very lap of luxury. Meanwhile, drop in to see us with the *Table* as it is, and in the day of our dividends (alas, now I have to speak for the four of us!) we will remember thee.

On the threshold of our second year, we can't help looking before and behind. We have evidently withstood the perils that environ every infantile first year. We sincerely trust we have been spared for some good purpose. We know that we have shown symptoms of rickets, and that our "habit" has inclined to constipation. We have cut some teeth, "gumming" it on a printer's roller, and if we are not carried off by a colliquative diarrhoea in our "second summer," we have the fondest expectations of attaining to a lusty and an industrious manhood.

You will soon see on one of our pages a heading entitled *The Gleaner*. You see, John Wesley wouldn't let the devil have all the best tunes, and we don't propose to leave Old Physic the undis-

turbed possession of some of the best papers. We have full sets of some works which all of our readers may not hope to enjoy until a millennium for doctors surprises both them and the world. Now, if there is one pure pleasure in life, it is that of helping a good book to do the fullest amount of good. Hence, we purpose to glean from the *Medico-Chirurgical*, the *Pathological*, the *Microscopical*, the *Clinical*, and the *Obstetrical Societies' Transactions*, and from *Guy's*, *St. Thomas's*, *St. Bartholomew's*, *St. George's*, and the *London Hospital Reports*. When these and our other books are once decently shelved in Gotham, we trust that *any* and every physician or student desiring to consult them will pull our latch-string. Then shall this *Table* be at his service, simply because he is seeking truth—for all such we hope ever to have a brotherly hand-clasp, and an earnest *God speed you*.

We hope, also, that all to whom we may come will remember that the noblest aim of a physician is not to be a sponge: *Give, as well as get*. From the highest to the humblest we are a "cloud of witnesses" for the truth of our system, and woe to him who will not testify for truth. Think of this, for not a day passes when your eyes are not permitted to see something which is of value, aye, solemn value, to all of woman born.

We plead, also, for a higher order of clinical observation, and for more precise clinical reports. Let your "cases" bear in themselves full evidence of the *why* you gave the remedy.

We also desire to open a department of *Notes and Queries*. To be sure, we expect to be "stumped" again and again; but we will do our level best to send away no inquirer empty-handed.

In a word, we don't propose to be a literary almsman mutely appealing to the charity of the profession. If we cannot make *THE NEW YORK JOURNAL OF HOMCEOPATHY* a richly-laden, a welcome, yes, a looked for visitor, we ourselves will "plant" the poor thing under a marble *Hic jacet*.

Pledged to no potency, the organ of no faction, ready to give the right hand to Truth in any shape, we begin a new year with that confidence which ever attends the consciousness of an earnest endeavor to *do right for the right*.

We are not particularly "stuck up" in regard to the appearance of this number.\* *We* are the he who has to set the table, wash dishes,

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\* Of course the Editor speaks only for his own department. The *cereals* of Drs. Minton, Lewis, and Allen will make bone, muscle, and sinew for every professional reader.



and slick up things in general, and the fact is, the *things* of this JOURNAL are so confoundedly mixed that a greenhorn can't get the hang of 'em all *to wunst*. Give us a little of your forbearance, and a little time and you'll find us as punctual as 7 per cent. interest.

Our contemporaries of the quill may find us *dull* this month. Well, as the general editor hasn't seen a single exchange yet, what else could you expect? Wait until we get broke in, and the whole machine is greased, and we promise you a live journal or a dead Welshman!

THE ANNUAL MEETING OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

So far as the session of this august body is concerned, we can spare only space enough to dose our readers with the annual address. It is good of its kind; but the kind isn't good. [Now, if Prof. Allen can "lick" me, I'm in for it; still it were sweet to die for telling the truth!]

We have before to-day done much cussin' on reading the report of one and the same Society-session in every Homœopathic journal printed in the United States. Of course, all the journals need "copy;" but this "damnable iteration" is, in the emphatic vernacular, *played out*.

At the last session, Drs. Minor and Guernsey, of the *Medical Union*, were on hand, taking notes, and any reader of this Journal can find out all about that meeting in the March issue of our wide-awake contemporary. If you are subscribers, all right; if you are not, and are in want of a scholarly monthly, send in your name, and the stamps.

THE CHICAGO JOURNAL OF NERVOUS AND MENTAL DISEASE. Edited by J. S. JEWELL, M.D., Professor of Nervous and Mental Diseases in Chicago Medical College, assisted by H. M. BANNISTER, M.D. Quarterly. \$4.00 per annum.

To all who regretted the demise of the *Psychological Journal*, this most worthy "substitute" will be warmly welcome. If Drs. Jewell and Bannister can sustain the "pace" which they have struck in their initial number, we know but one reason for their not meeting with a splendid success, and that naughty reason is the apathy of the whole profession. We are glad to be able to write "the whole profession," for the death of "Hammond's" Journal shows that not only homœopaths can allow literature to languish.

We are not writing an idle compliment; for we do not expect, "as

things are," to figure among the *Chicago Journal's* exchanges; but we are, in very truth, bearing cheerful and earnest testimony to a good endeavor, which is right well done; and we do hope that every progressive-and-not-hide-bound "homœopath" in the United States will see to it that, so far as they are concerned, the *Chicago Journal of Nervous and Mental Disease* shall not lack the "sinews of war."

Whether it be that, owing to our emasculating habits, nervous diseases are on the increase, or that the advances of medical science are more clearly defining and distinguishing disease-states which were hitherto overlooked, may be a matter of opinion; but that the field which this new journal purposes to cultivate is filled with especial promise to the homœopath, will not admit of question. Indeed, it is a profound sense of indebtedness to Drs. Jewell and Banister for what they have done, and are willing to do, that urges us to pen these lines.

We hope ere long to give the *Chicago Journal* a more discriminating notice; meanwhile, we can only say to the wise: Subscriptions will be received by the editors, 57 Washington street, Chicago, Ill., or Westermann & Co., 524 Broadway, N. Y.

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#### NEW LENSES FOR THE MICROSCOPE.

The high prices of English and American achromatic lenses deter many a young doctor from working the extensive field of microscopical research. Having this serious obstacle in mind, Mr. William Wales, of Fort Lee, N. J., has recently constructed some new objectives, to which we are happy to call attention. The set—for a beginner should have them all—comprises a  $\frac{3}{4}$ l,  $\frac{1}{4}$ th, and a  $\frac{1}{16}$ th. They cost in the order numbered \$18, \$22, and \$26. The angle of aperture of the  $\frac{1}{4}$ th is from  $90^{\circ}$  to  $100^{\circ}$ ; that of  $\frac{1}{16}$ th  $135^{\circ}$ . The  $\frac{1}{4}$ th has a "working distance" of  $\frac{1}{16}$ th of an inch; the  $\frac{1}{16}$ th,  $\frac{3}{8}$ th.

These lenses are made without a screw-collar, and are "adjusted" for the cover by unscrewing the front combination; hence their cheapness.

The set will enable the practitioner to do all that the clinical use of the microscope should do. Of course, they are not sold as A 1 lenses, but we can conscientiously recommend them as *good working objectives*, and we earnestly call the attention of the student to them.

This is not a "puff" We have used Wales' lenses for ten years, and are glad of an opportunity to pay a just tribute to the excellence of his work.

J.